

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000628

1. Corporation Name

ABLE COMMUNICATIONS LIMITED INC.

Principal Place of Business

BOX 24540
JACKSONVILLE FL 32241

Mailing Address

BOX 24540
JACKSONVILLE FL 32241

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1997

5. FEI Number

57-0864123

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	THOMY, DAVID	3655 CATHEDRAL OAKS PL, S	JACKSONVILLE FL

300024808763
11/18/03--01065--012 **150.00

8. Name and Address of Current Registered Agent

THOMY, DAVID
3655 CATHEDRAL OAKS PL, S
JACKSONVILLE FL 32217

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

DAVID Thomy
3655 Cathedral Oaks Pl S
Jacksonville FL 32217

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 NOV 18 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

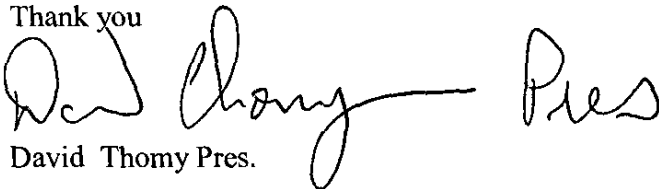
CR2E040 (7/03)

Able Communications Ltd
Box 24540
Jacksonville, Fl 32241
Oct 29, 2003

Dear Sirs

Please adcept my 150.00 fee for filing as I did not get the orgional documents.

Thank you

 Pres

David Thomy Pres.