

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G30165**

1. Corporation Name

ABACUS FORWARDING, INC.

Principal Place of Business

3135 39TH AVE. N.
PO BOX 12316
ST. PETERSBURG FL 33733

Mailing Address

3135 39TH AVE. N.
PO BOX 12316
ST. PETERSBURG FL 33733

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

99 OCT 19 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1983

SP

5. FEI Number

59-2284906

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
PD	CANNISTRA, DAN S.	3135 39TH AVE. N.	ST. PETERSBURG FL
STD	CANNISTRA, LINDA B.	3135 39TH AVE. N.	ST. PETERSBURG FL

800003028978-- 1
-10/29/99--01016--020
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANNISTRA, DAN S.
3135 39TH AVE. N.
#7
ST. PETERSBURG FL 33714

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Dan S. Cannistra

REGISTERED AGENT MUST SIGN

Date Oct. 12, 1999

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

Dan S. Cannistra, President

Oct. 12, 1999

Date

Daytime Phone #

(727)

528-1161

CR2500 (8/99)