

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 15, 2008 8:00 A.M.**  
**Secretary of State**

DOCUMENT # G66141

1. Corporation Name  
A.B.C. AWNING & CANVAS CO., INC.

2. Principal Office Address - No P.O. Box #

2270 AVOCADO AVE

Suite, Apt. #, etc.

City & State

MELBOURNE, FLORIDA

Zip

32935

Country

U.S.A.

3. Mailing Office Address

1013 SPANISH WELLS DR.

Suite, Apt. #, etc.

City & State

MELBOURNE, FLORIDA

Zip

32940

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10-17-1983

5. FEI Number

59-2334557

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** 04-08<sup>KS</sup>

CR2E081 (12/07)

7. Name and Address of Current Registered Agent

Name

RUE W. MCNAY

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

1013 SPANISH WELLS DR.

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32940

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Rue McNay

Date

2-13-08

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES</u>	<u>RUE W. MCNAY</u>	<u>1013 SPANISH WELLS DR.</u>	<u>MELBOURNE FL 32940</u>
<u>DIR.</u>	<u>RUE W. MCNAY</u>	<u>1013 SPANISH WELLS DR.</u>	<u>MELBOURNE, FL 32940</u>

000118136070  
02/15/08--01025--008 \*\*750.00

10. 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 contained in Chapter 119, 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:

Rue W. McNay RUE W. MCNAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-08

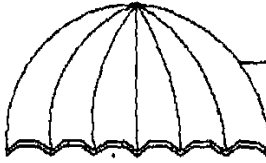
Date

321-757-3947

Daytime Phone #

FEB-18-2008 09:46 AM

P. 01  
ATTACHMENT  
2 of 2



**A.B.C. AWNING & CANVAS CO., INC.**

2170 AVOCADO AVE. MELBOURNE, FL 32935  
PHONE # (321) 288-1960 FAX # (321) 288-1902  
WEBSITE [www.Abcawningandcanvas.com](http://www.Abcawningandcanvas.com)

**FAX COVER SHEET**

Send to: DIV. OF CORPORATIONS	From RUE MCNAY
ATTN: KAREN SALY	DATE 2/18/08
Fax #850-245-6017	
Subject NAME AUTHORIZATION	Total Pages, including cover: 1

I OPENED ABC AWNING AND CANVAS CO INC. LAST YEAR IN ERROR. I WAS SUPPOSED TO HAVE REINSTATED MY OLD CORPORATION, A. B. C. AWNING & CANVAS CO. INC.. I HAVE BEEN NOTIFIED THAT THE CORPORATION THAT I OPENED LAST YEAR HAS BEEN VOLUNTARILY DISSOLVED. THIS FAX IS TO AUTHORIZE THE ASSIGNMENT OF THAT NAME IN THE REINSTATEMENT OF MY CORPORATION

*Rue W. McNay*