

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 05, 2007  
Secretary of State**

DOCUMENT# G88930

Entity Name: ABACUS ENTERPRISES OF TAMPA, INC.

**Current Principal Place of Business:**

2532 LAKE ELLEN LANE  
TAMPA, FL 336180228

**New Principal Place of Business:**

**Current Mailing Address:**

2532 LAKE ELLEN LANE  
TAMPA, FL 336180228

**New Mailing Address:**

FEI Number: 59-2401886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLAR, CONNIE  
2532 LAKE ELLEN LANE  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CONNIE MILLAR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MILLAR, EUGENE,  
Address: 2534 LAKE ELLEN LANE  
City-St-Zip: TAMPA, FL

Title: P ( ) Delete  
Name: MILLAR, CONNIE,  
Address: 2534 LAKE ELLEN LN  
City-St-Zip: TAMPA, FL

Title: STD ( ) Delete  
Name: STEWART, SHARON  
Address: 2532 LAKE ELLEN LANE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE MILLAR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/05/2007

\_\_\_\_\_  
Date