

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

20 MAY 11 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1117703

1. Corporation Name

ABCD Contractors Inc.

Principal Place of Business

Mailing Address

2024 Larchmont Dr
Deland FL 32724

P.O. Box 1386
Deland FL 32720

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

2. New Principal Office Address, If Applicable

2024 Larchmont Dr
Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable

P.O. Box 1386
Suite, Apt. #, etc

City & State

Deland FL
Zip 32724 Country US

City & State

Deland FL
Zip 32721 Country US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59 2443100

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	James J. Talaber	2024 Larchmont Dr Deland FL 32724	

300002883303--3

-05/24/99--01005--015

****900.00 ****900.00

8. Name and Address of Current Registered Agent

James J. Talaber
2024 Larchmont Dr
Deland FL 32724

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

9047401377

Corporate Process #

CRP208 (12-98)