

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**APPLICATION FOR REINSTATEMENT**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 19 AM 9:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **K16410**

1. Corporation Name

**ABSTRACTIONS II, INC.**

Principal Place of Business

Mailing Address

483 S FLAGLER  
~~7410 DOVER CT~~  
 POMPANO FL 33060  
 US

% MARGARET NABRIDGE  
 7410 DOVER CT  
 PARKLAND FL 33067



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

2. New Principal Office Address, If Applicable <b>483 S. Flagler Ave</b>		3. New Mailing Office Address, If Applicable <b>483 S. Flagler Ave</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>02/29/1988</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0033219</b>	
City & State <b>Pompano Beach</b>		City & State <b>Pompano Beach</b>		Applied For Not Applicable	
Zip <b>FL</b>	Country <b>33060</b>	Zip <b>33060</b>	Country <b>Broward</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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
D	NABRIDGE, MARGARET	7410 DOVER CT	PARKLAND FL

400002701724--9  
 12/03/98 01061 023  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NABRIDGE, MARGARET 7410 DOVER CT PARKLAND FL 33067		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
483 South Flagler Ave. Pompano Beach, Fl. 33060			

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: *Margaret Nabridge* REGISTERED AGENT MUST SIGN Date: \_\_\_\_\_

11. This corporation owes or has paid 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)(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: *Margaret Nabridge* 11/16/98 (954) 941-3265  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/93)

*20/2*

**ABSTRACTIONS II, INC.**  
**483 South Flagler Ave.**  
**Pompano Beach, Florida 33060**

Phone: (954)941-3265

Cellular: (954)647-8263

Fax: (954)941-6227

November 16, 1998

Florida Department of State  
Division of Corporations  
Tallahassee, Fl. 32314

To whom it may concern,

As per my conversation with one of your representative this morning, Nov. 16, 1998, I am enclosing a check for \$150.00, the original fee for an annual report. Please reinstate the corporation. My original check was sent in a timely fashion and has not been received by you. Your representative indicated that re-issuance of the original amount would be all that is required for the reinstatement.

Thank you for your attention to this matter. Please note the changes in both mailing and business address.

Sincerely,

*Margaret Nabridge*  
Margaret Nabridge  
President