

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAR 27 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K74408**

*And 1997 Annual Report*

1. Corporation Name  
**ABC CONTRACTORS INC.**

Principal Place of Business

% CLARK W. VON RIESEN  
311 BLUFF DRIVE  
MELBOURNE FL 32901

Mailing Address

% CLARK W. VON RIESEN  
311 BLUFF DRIVE  
MELBOURNE FL 32901



300002129993--5  
-04/01/97--01062--009  
\*\*\*\*250.00 \*\*\*\*250.00

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

2. New Principal Office Address, If Applicable

*1923 N. Wickham Rd*  
Suite, Apt. #, etc.  
*#1129*

3. New Mailing Office Address, If Applicable

*1923 N. Wickham Rd*  
Suite, Apt. #, etc.  
*#1129*

4. Date Incorporated or Qualified To Do Business in Florida

03/22/1989

5. FEI Number

65-0196281

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
<del>PSD</del>	<del>VON RIESEN, CLARK W.</del>	<del>611 BLUFF DR</del>	<del>MELBOURNE FL</del>
PST D	Michael Russell	1923 N. Wickham Rd #1129, Melbourne FL 32935	
V.P.	MARK RUSSOK	SAME AS ABOVE	

REINSTATEMENT

1996

*G. Allen*

8. Name and Address of Current Registered Agent

VON RIESEN, CLARK W.  
311 BLUFF DRIVE  
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name  
*Michael Russell*  
Street Address (P.O. Box Number is Not Acceptable)  
*1923 N. Wickham Rd*  
Suite, Apt. #, Etc.  
*#1129*  
City  
*Melbourne*  
State  
**FL**  
Zip Code  
*32935*

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

*Michael Russell*

REGISTERED AGENT MUST SIGN

Date

*11/8/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

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:

*Michael Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/8/96*

Date

*407-752-9011*

Daytime Phone #

ABC CONTRACTORS, INC.  
1923 N. Wickham Road, #1129  
Melbourne, Fl. 32935  
(407) 752-9011/459-6485 Pager

Department of State  
Divisions of Corporations  
409 East Gaines Street  
Tallahassee Fl. 32399  
(904) 487-6027

March 24, 1997

ATTN: Amy Allan

Amy,

Per our phone conversation in reference to the application for reinstatement Document # K74408 which was returned to me recently to re-submit with an additional \$165.00 total for this year, I am sending this letter with that amount requested. Since I never received the annual report forms for last year, could the renewal fee please be waived. Thank you for all your help and consideration in this matter.

Respectfully,



Mike Russell

ABC CONTRACTORS, INC.  
President

MR/mgb