

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 10 PM 4:00

DOCUMENT #

1L 75482

1. Corporation Name

ABDF, INC

2. Principal Office Address

5271 NW 108 Avenue

Suite, Apt. #, etc.

City & State

Sunrise FL

Zip

33351

Country

US

3. Mailing Office Address

PO Box 453159

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33345-3159

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/27/1989

5. FEI Number

59-2940171

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John A Kaspar

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

3880 Sheridan Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

John A. Kaspar

REGISTERED AGENT MUST SIGN

Date

4-7-02

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 |
|--------|--------------------------------------|---|-----------------------|
| Pres | Renee Reuter | 2430 W 82 Place #2H | Westminster, CO 80031 |
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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 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:

Renee Reuter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renee Reuter

Date

3/27/02

Daytime Phone #

303-

412-5711

4/19/02

CR2E081 (8/01)

ABDF Inc.
PO Box 453159
Sunrise, Florida 33345-3159

March 27, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed you will find a completed Corporation Reinstatement Form and a check for \$ 450.00. This payment is for the Corporate Filing Fee for the Annual Reports for the years 2000, 2001, and 2002.

Due to the address change of the corporation, I did not receive the Annual Report starting in the year 2000, so the fees were not paid. This oversight was not found until now. I am kindly requesting the penalty fee be waived, as the Annual Reports were never received.

If you need more paperwork completed, please send it to my address shown below. If you have questions, I can be reached at 303-287-9300.

Thank you for your time.

Sincerely,



Renee (Beers) Reuter
2430 W 82 Place #2H
Westminster, CO 80031

303-412-5711