



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10FZ

  **FLORIDA DEPARTMENT OF STATE**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L81425

1. Corporation Name

ABJ, Inc.

2002 488

2. Principal Office Address

5622 Marine Parkway
Suite 17

3. Mailing Office Address

411 Battenwood Ln

City & State

New Port Richey, FL

City & State

Largo, FL

Zip

34652

Country

USA

Zip

33770

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593022376

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

Robert E. Smith

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

411 Battenwood Ln

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33770

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



REGISTERED AGENT MUST SIGN

Date 11-01-02

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
President	Robert E. Smith	411 Battenwood Ln	Largo, FL 33770

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-02

Daytime Phone #

727-848-8664

CR2E081 (9/01)

20-f2



St. John's Hearing Institute

5614 Grand Boulevard, New Port Richey, FL 34652
Phone (727) 848-8664 Fax (727) 848-8650

11-08-02

To Whom It May Concern:

Please do not charge reinstatement fee as I did not receive renewal form.
Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Smith', with a long horizontal flourish extending to the right.

Robert Smith