

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 13 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L89508

1. Corporation Name

FAB-DI-MAR, INC

2. Principal Office Address - No P.O. Box #
11281 43RD STREET NORTH

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33762

Country

USA

3. Mailing Office Address

11281 43RD STREET NORTH

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33762

Country

USA

700149706397
04/13/09--01014--019 **1500.00

REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida 7/18/1990

5. FEI Number
593028251

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
JAMES K ALLBRITTEN

Street Address (P.O. Box Number is Not Acceptable)
11281 43RD STREET NORTH

Suite, Apt. #, Etc.

City
CLEARWATER

State Zip Code
FL 33762

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 4/8/2009

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 |
|--------|--------------------------------------|---|-----------------------|
| P | JAMES K ALLBRITTEN | 11281 43RD STREET NORTH | CLEARWATER, FL. 33762 |
| V | RICHARD J FABRIZI SR | 11281 43RD STREET NORTH | CLEARWATER, FL. 33762 |
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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 contained in Chapter 119, 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

4/8/09

Daytime Phone #

722-577-2468