

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -4 PM 1:21

11/5

1. DOCUMENT # L99000005460

Name and Mailing Address

0005791 01 FP 0.352 **PRSRT T8 O 0615 34221-921812



ABF HOLDINGS, LLC
3512 US HWY 41 N.
PALMETTO FL 34221-9218

800008780438
11/04/02--01058--003 **55.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3512 US HWY 41 N PALMETTO FL 34221		5. Date Organized or Qualified To Do Business in Florida 08/31/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0944711 Applied For Not Applicable	
8. Name and Address of Current Registered Agent FRANOSZ, ANDREW T 3512 US HWY 41 N PALMETTO FL 34221		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 10/30/02			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FRANOSZ, HELENA	821 LANTERN RIDGE DRIVE	WINSTON SALEM NC
MGRM	FRANOSZ, ANDREW	3512 US HWY 41 N	PALMETTO FL 34221

CF2E084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 10/30/02 Daytime Phone # (941) 730-5018

Typed or printed name of signing Managing Member/Manager

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Andrew T. Franosz
3512 US Hwy 41 North
Palmetto, FL 34221

October 30, 2002

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32339

Dear Florida Department of State,

I am filing my application for reinstatement of my corporation. We did not receive any prior mailings of the UBR in order to file the renewals on time. Thank you for your consideration.

Andrew T. Franosz



ABF Holdings LLC

Enclosure (1)
Application for Reinstatement (Document # L99000005460)

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Jugris Lupo Jr, a Notary Public, State of Florida, Manatee County.

October 30, 2002

V. Kay Moore, Notary

