

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

1997 NOV 10 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82996

1. Corporation Name

FLORIDA NOVELTY WORKS, INC.

Principal Place of Business

14 & 27, DAVENPORT, FL.
P.O. BOX 114
STRATTON OH 43961

Mailing Address

14 & 27, DAVENPORT, FL. **I-4+27**
P.O. BOX 114
STRATTON OH 43961



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1988

5. FEI Number

34-1588732

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	ABDALLA, SAMUEL T.	C/O AQUANAUT COMPLEX 777	HAMMONDSVILLE OH

800002346239--4
-11/13/97--01053--014
******165.00 ****165.00**

*This is only a Renewal
Application. (See attached letter)*

8. Name and Address of Current Registered Agent

DEFRANK, CHARLES A
5005 US HI-WAY 27 NORTH
DAVENPORT FL 33837

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Sam Abdalla

REGISTERED AGENT MUST SIGN

Date

Nov-3-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(l), 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:

Sam Abdalla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 3-1997
Date

Daytime Phone #

331-533-3840

CP20040 (8/97)



Abdalla Enterprises

Samuel T. Abdalla, President

Phone (330) 532-3900

FAX (330) 532-3971

Aquanaut Complex
Hammondsville Rd., Box 114
Stratton, Ohio 43961

NOVEMBER 3, 1997

FLORIDA DEPARTMENT OF STATE
SANDRA B. MORTHAM
SECRETARY OF STATE
DIVISION OF CORPORATIONS
904-488-9000

RE: FLORIDA NOVELTY WORKS, INC. - #M82996 - I-4 & 27

DEAR SANDY,

I DID NOT RECEIVE AN ANNUAL RENEWAL FORM FOR THE 1997 YEAR.
I SPOKE WITH TWO OF YOUR AGENTS, MS. CHRISTY WHITED AND MR.
TODD GUNDERSON.

I SPOKE WITH CHRISTY ON OCT. 28 1997 AND WITH TODD ON NOV.
3, 1997. BOTH AGENTS ADVISED ME TO ENCLOSE THE ANNUAL FEE
OF \$165.00 AND SEND ON TO YOU ALONG WITH AN EXPLANATION.

IN ADDITION I SPOKE TO THEM REGARDING MY FICTIOUS DBA NAME
FLORIDA FIREWORKS AND THEY STATED THE EXPIRATION DATE FOR
FLORIDA FIREWORKS IS 12-31-01. PLEASE SEND ME CONFIRMATION
OF THIS.

Thank You,

RESPECTFULLY,

Sam Abdalla

SAM ABDALLA