

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/27/1988	
City & State		City & State		5. FEI Number 34-1588732	
Zip		Country		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	ABDALLA, SAMUEL T.	C/O AQUANAUT COMPLEX 777	HAMMONDSVILLE OH
<p><i>This is only a Renewal Application. (See attached letter)</i></p>			

300002346239--4
 -11/13/97--01053--014
 ****165.00 ****165.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DEFRANK, CHARLES A 5005 US HI-WAY 27 NORTH DAVENPORT FL 33837		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* Date: *Nov-3-97*

REGISTERED AGENT MUST SIGN

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* Date: *Nov 3-1997*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 331533-3810

CF2E040 (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