

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

13 1-a

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

98 PA  
Sandra B. McManam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 25 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M82996

1. Corporation Name

FLORIDA NOVELTY WORKS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 114  
STRATTON OH 43961

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/27/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1588732

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ABDALLA, SAMUEL T.	C/O AQUANAUT COMPLEX 777	HAMMONDSVILLE OH
			000002703800-9
			12/04/98 01107-001
			****150.00 ****150.00

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

FL

Zip Code

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

SIGNATURE REQUIRED

Date

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)(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

Daytime Phone #

*Samuel T. Abdalla*  
SAMUEL T. ABDALLA

11-18-98

SAM-T. ABDALLA

CR2E040 (05/88)

Nov. 18-1998 - RE: Renewal **82**

Florida Dept. of State

Sandra B. Mortham

Secretary of State

Person In Charge.

Kind Sir or Ms.

Mr

Spoke with your agent Sean  
Jogan this date who advised me to  
send proofs of discussion & forward the  
\$150.00 check if I did not receive the  
Original Reinstatement Application. See  
fax showing explanation & copy of ck  
for \$150.00 sent Sept 12-98. Thank you  
Sam Abdalla



Abdalla Enterprises  
Samuel T. Abdalla, President

Phone (330) 532-3900  
FAX (330) 532-3971

Sept 12 - 1998

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

Fla Profit Corp.

Kind Sir or Ms.

Received Tax info from S. Hc

P. S.  
Copies of Tax  
Work & Another  
check sent  
over this date