

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P00000024007

1. Corporation Name
ABC RV CORP.

FILED
 01 OCT 18 PM 6:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

223 TAYLOR STREET 223 TAYLOR STREET
 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950



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

2. New Principal Office Address, If Applicable 33315 S.E. 22nd Avenue Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 33315 S.E. 22nd Avenue Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 03/08/2000
City & State Cape Coral, FL	City & State Cape Coral, FL	5. FEI Number 65-1112915
Zip 33904	Country USA	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SMITH, EDMUND Wayne Smith	129 SWAN DRIVE 33315 S.E. 22nd Avenue	ROTONDA WEST FL 33947 Cape Coral, FL 33904
V	SMITH, WAYNE	129 SWAN DRIVE 33315 S.E. 22nd Avenue	ROTONDA WEST FL 33947 Cape Coral, FL 33904
S	BARRETT, MELISSA	129 SWAN DRIVE	ROTONDA WEST FL 33947
T	SMITH, EDMUND E Wayne Smith	129 SWAN DRIVE 33315 S.E. 22nd Avenue	ROTONDA WEST FL 33947 Cape Coral, FL 33904

8. Name and Address of Current Registered Agent ROSS, WARREN R 223 TAYLOR STREET PUNTA GORDA FL 33950	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # REINSTATEMENT 01 City State Zip Code FL
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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]* Date 10/16/01

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

11. 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]* Date 10/12/01 Daytime Phone # (941) 656-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)