

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 MAY -8 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000003225

1. Corporation Name

ABS RESTORATION & DESIGN CORPORATION

2. Principal Office Address

912 Washington Ave

Suite, Apt. #, etc.

City & State

EUSTIS FLORIDA

Zip Country

32726 U.S.A.

3. Mailing Office Address

P.O. Box 1263

Suite, Apt. #, etc.

City & State

EUSTIS FLORIDA

Zip Country

32727-1263 USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/00

5. FEI Number

59 3650459

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Andrew Spellman

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

912 Washington Ave

Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32726

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Andrew Spellman

REGISTERED AGENT MUST SIGN

Date 05 06 02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Andrew Spellman	912 Washington Ave.	EUSTIS FL 32726
S	Jeneen Spellman	912 Washington Ave.	EUSTIS FL 32726

10. 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:

Andrew Spellman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05 06 02

Daytime Phone #

(352) 408-8226

CR2001 (9/01)