## N as ser PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

DOCUMENT # P000003205  1. Corporation Name  ABS RESTORATION & DESIGN CORPORATION  2. Principal Office Address  912 Washington Ave Po. Box 1263  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  To Name and Address of Current Registered Agent  Name  Arkew Spellman  Street Address (P.O. Box Number is Not Acceptable)  PELIPSTATE WILL OI - O.  Applied For Not Applied For Not Applied For Not Applied For Not Applied For Country  Country  Country  Country  Country  Street Address (P.O. Box Number is Not Acceptable)  PELIPSTATE WILL OI - O.  4. Date Incorporated or Qualified To De Business in Florida  5. FEI Number  6. CERTIFICATE OF STATUS DESIRED  Not Applied For Not Appl	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	02 MAY -8 AM 11:35 SECNETARY OF STATE TALLAMASSEE, FLORIDA	
Sulle, Apt. #, etc.  4. Date incorporated or Qualified To 6 to blushess in Floridas T	1. Corporation Name			
Applied For   Not Applicable   Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Applied For   Not Applicable   Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Aug.   Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Aug.   Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Aug.   Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Aug.   Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Aug.   Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Aug.   Street Addresses of Each Officer and/or Director   Aug.   Street Addresses of Each Officer   Aug.   Street Addresse	912 Washington Ave suite, Apt. #, etc.	P.O. Box 1263  Suite, Apt. #, etc.	4. Date Incorporated or Qualified / /	
Name Andrew Spellman Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Washington Aue  *****9018.75  ***********************************	Zip Country	EUSTÍS FURIDA  Zip Country  32727-1263 USA	6. CERTIFICATE OF STATUS DESIRED 🗹	
8. I. being appointed the registered agent of the above name corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent	Name Arkew Spelman 300055753831  Street Address (P.O. Box Number is Not Acceptable) -05/21/0201001014  912 Washington Ave ****908.75 ***** 308.75  Suite, Apt. #, Etc.			
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  P Andrew Spellman 912 Washington Ave. Eust is fc. 32736  S Lenean Spellman 912 Washington Ave. (ust is fc. 32736)  10.1 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 filling	8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date 05 06 02			
Officers and/or Directors  Officer and/or Director  City/State/Zip  Custris fc. 32736  Sustris fc. 32736  Officer and/or Director  Officer and/or	9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list at le	east 3 directors)	
S Jeneen Spellman 912 Washington Ave. Eustris Fr 32726  10.1 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 filling				
S Jeneen Spellman 912 Washington Ave. Eustris Fr 32726  10.1 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 filling	P Andrew Spellm	on 912 Washington	Ave. Eystis fc. 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 filling 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 loos		man 912 Washington	Ave. Eustis Fc 32726	
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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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayling Phone #				