

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -5 PM 4:08

DOCUMENT # P00000061976

1. Corporation Name

ABS Cleanup Services, Inc.

2. Principal Office Address

1107 W Mabbette Street

3. Mailing Office Address

4309 S Semoran Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 7

City & State

Kissimmee, FL

City & State

Orlando, FL

Zip

34741

Country

U.S.A.

Zip

32822

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/2000

5. FEI Number

59-3651201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Anelise Schadeck

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

4309 S Semoran Blvd.

Suite, Apt. #, Etc.

Apt 7

City

Orlando

State  
FL

Zip Code

32822

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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
D	Anelise Schadeck	4309 S Semoran Blvd, Apt 7	Orlando, FL, 32822

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

20f2

**ABS Cleanup Services, Inc.**

4309 S Semoran Blvd.

Apt 7

Orlando, Fl 32822

December 4, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sirs,

**Re: Request for Re-instatement**

Please find enclosed our request to have our company re-instated, as it has recently come to our attention that the company has been administratively dissolved. We were advised by our consultants that this was a result of our failure to file annual reports. As we were not aware and did not receive the annual reports, we are requesting that the fee for late filing be waived. You will also see that our mailing address has changed. We will endeavor to continue filing our reports on a timely basis.

We thank you for your assistance in having this matter resolved and look forward to hearing from you soon.

Thank you.

Yours sincerely

*Andrey Seer-Williams*

ABS Cleanup Services, INC

*for* Anelise Schadeck (Director)

Encl.