

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000075738**

1. Corporation Name

ABLE TO BE THERE, INC.

Principal Place of Business

**5075 INDUSTRY DRIVE
MELBOURNE FL 32940**

Mailing Address

**5075 INDUSTRY DRIVE
MELBOURNE FL 32940**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/2000

5. FEI Number

65-1030448

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WHITLOCK, GARY	4087 JANE WOOD LANE	MELBOURNE FL 32934

600023911046
10/17/03--01075--011 **150.00

8. Name and Address of Current Registered Agent

**FLAVIN, THOMAS P CPA
330 FIFTH AVENUE
INDIALANTIC FL 32903**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-4-03

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: GARY WHITLOCK Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03 321 242 7400

Daytime Phone #

CR2E040 (7/03)

To: Department of State

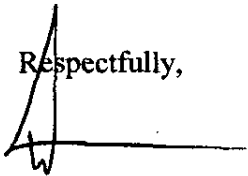
Re: Document No. P00000075738

Date: October 13, 2003

I, Gary D. Whitlock, owner of Able To Be There, Inc., did not receive any prior notices
for the UBR.

~~Enclosed is the signed form with payment.~~

Respectfully,

A handwritten signature in black ink, appearing to be 'G. Whitlock', written over a horizontal line.

Gary D. Whitlock