

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03:00T 17 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083929

1. Corporation Name

ABCO CELLULAR, INC.

Principal Place of Business

1757 NOVA ROAD #101
HOLLY HILL FL 32125

Mailing Address

1757 NOVA ROAD #101
HOLLY HILL FL 32125

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

2. New Principal Office Address, If Applicable

~~1757 N. NOVA RD~~

Suite, Apt. #, etc.

101

City & State

HOLLY HILL, FL

Zip

32117

Country

Volusia

3. New Mailing Office Address, If Applicable

~~1757 N. NOVA RD~~

Suite, Apt. #, etc.

101

City & State

HOLLY HILL
FL.

Zip

32117

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2000

5. FEI Number

59-3671248

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
D	MORRIS, BRENT A	264 E. KICKLIGHTER ROAD	LAKE HELEN FL 32744
D	MORRIS, BRENT H	264 E. KICKLIGHTER ROAD	LAKE HELEN FL 32744

100023920241
10/17/03--01092--021 **150.00

8. Name and Address of Current Registered Agent

MORRIS, BRENT A
1757 NOVA ROAD #101
HOLLY HILL FL 32125

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

Brent A Morris

REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Brent A Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

(386) 252 2355

CR2E040 (7/03)

Florida Dept of State -

I Don't recall receiving The previous
reinstatement form's from The state. I have
noticed That The zip code is 32125. IT
Should Be 32117 (correct zip code) please

accept This as a valid reason. ~~but~~ I
Will contact my Accountant TO find OUT
What we need TO DO TO change zip code.

Sincerely,

Brent Andrew Morris
(386) 252-2355