

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 MAR 21 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000106922**

1. Corporation Name

Absolute Management Enterprises, Inc

2. Principal Office Address

690 Osceola Ave

3. Mailing Office Address

690 Osceola Ave

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/14/2000

5. FEI Number

59-3682587

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-05
MRD

7. Name and Address of Current Registered Agent

Name

Barbara W. Rumpel

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

690 Osceola Ave

Suite, Apt. #, Etc.

309

City

Winter Park

State

FL

Zip Code

32789

100050003351

04/06/05--01004--004 **135.75

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

Barbara W. Rumpel

REGISTERED AGENT MUST SIGN

Date

3/15/05

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	Barbara W. Rumpel	690 Osceola Ave., #309	Winter Park, FL 32789
Sec/Tr	John H. Rumpel	690 Osceola Ave., #309	Winter Park, FL 32789

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:

Barbara W. Rumpel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara W. Rumpel

Date

3/15/05

Daytime Phone #

407-579-4902

CR2E081 (01/05)