

2002 UBR - NO original Received!
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 24 AM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109344

1. Corporation Name

Affiliated Business Consultants
of North America INC.

2. Principal Office Address

2331 Hansen Place

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

US

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2000

5. FEI Number

59-3705477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75-Additional Fee required
for a Certificate of Status

800004853018--4

-02/01/02--01039--019

****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name

Deborah Turner

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

4500 Sailbreeze Ct.

Suite, Apt. #, Etc.

City

Orlando, FL

32810

State

FL

Zip Code

32813

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

Deborah Turner

REGISTERED AGENT MUST SIGN

Date

1/4/02 LS

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	Deborah Turner	4500 Sailbreeze Ct.	Orlando, FL 32810
Pres/ Sect	David Taylor	2331 Hansen Place	Tallahassee, FL 32301
VP	Barbara Burke	959 Stonewood Lane	Maitland, FL 32751

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:

David Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

850
942-5464

Daytime Phone #

DAVID TAYLOR, Sec.