

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023784

1. Corporation Name

ABCH CORPORATION

Principal Place of Business

5962 PEREGRINE AVENUE
ORLANDO FL 32819

Mailing Address

5962 PEREGRINE AVENUE
ORLANDO FL 32819

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

2. New Principal Office Address, If Applicable

4752 WINDSOR AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4752 WINDSOR AVE.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

Country

32819

USA

City & State

ORLANDO, FL

Zip

Country

32819

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/2001

5. FEI Number

59-3710250

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	DE LA UZ, CARLOS M	5962 PEREGRINE AVENUE 4752 WINDSOR AVE.	ORLANDO FL 32819

100008750951

11/01/02--01026--017 **158.75

8. Name and Address of Current Registered Agent

DE LA UZ, CARLOS M
~~5962 PEREGRINE AVENUE~~ 4752 WINDSOR AVE
ORLANDO FL 32819

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 OCT. 29/02

11. I certify that I am an officer or director or the 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 29/02 407-253-1981

Date

Daytime Phone #

CR2E040 (8/02)



ABCH CORPORATION

October 29, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: ABCH Corporation
EIN # 59-3710250

Gentlemen:

In relation to the above-captioned subject, I enclose Application for Reinstatement together with check for \$158.75 to cover the filing fee of \$150.00 plus \$8.75 for a Certificate of Status. I certify that, to the best of my knowledge we have not received any two prior uniform business reports (UBR), being this the first notice of any fee to be paid. We would appreciate your sending the requested Certificate of Status for our proper development of activities to the following new corporate address:

4752 Windsor Ave.
Orlando, FL 32819

Please note that the addresses of the Corporation, the President and the Current Resident Agent have changed and are detailed in the enclosed Application for Reinstatement.

Thank you for your attentions.

Yours truly,

Carlos M. de la Uz
President

CU/bt ABCHFLORIDA1001