

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 OCT 31 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047520

1. Corporation Name

A,B,T, AND CO, INC.

Principal Place of Business

Mailing Address

~~9020 106TH AVENUE~~
VERO BEACH FL 32967

6780 85th St

~~9020 106TH AVENUE~~

6780 85th St
VERO BEACH FL 32967



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2001

5. FEI Number

59-3715686

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	ABT, MICHAEL C	9020 106TH AVENUE 6780 85th St	VERO BEACH FL 32967

500008725935
10/31/02--01051--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABT, MICHAEL C

~~9020 106TH AVENUE~~
VERO BEACH FL 32967

6780 85th St

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

Michael C. Abt REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

Michael C. Abt REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

772-388-3109

CR2040 (8/02)

A.B.T. and Co., Inc.
6780 85th St
Vero Beach, Fl 32967

Florida Department of State
Jim Smith, Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

October 28, 2002

To Whom It May Concern:

Please find the enclosed Uniform Business Report and my check for \$150.00.
I did not receive any prior UBR notices from your office. My address has been changed
and the Post Office did not forward any forms to me until now.

Please reinstate my corporation to active status.

Regards,

Michael C. Abt (Pres.)

Michael C Abt, President
Michael C Abt, Registered Agent