

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P010000 74857

1. Corporation Name

Abatsas enterprises, inc.

FILED
2006 JUL 17 AM 8:39

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

2812 N. orange blossom

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7-27-01

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Helen Abatsas

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

1226 Sunshine tree Blvd

Suite, Apt. #, Etc.

City

longwood

State
FL

Zip Code

32779

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

Helen Abatsas

Date 7/17/06

REGISTERED AGENT MUST SIGN

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
president	Helen Abatsas	1226 Sunshine tree Blvd	longwood, FL. <u>32779</u>
president	Nicholas Abatsas	1226 Sunshine tree Blvd	longwood, FL. <u>32779</u>

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 contained in Chapter 119, 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:

Helen Abatsas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/06

Date

407-872-7979

Daytime Phone #

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I, Helan Abatsas did not receive my 2002 annual report notice for
Abatsas Enterprises inc.

Helan abatsas