

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 15 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009021435
11/15/02--01047--013 **150.00



DOCUMENT # P01000106270

1. Corporation Name

ADDIS ABABA, INC.

Principal Place of Business

4140 SW 24 CT., APT. 2
FT. LAUDERDALE FL 33317

Mailing Address

4140 SW 24 CT., APT. 2
FT. LAUDERDALE FL 33317

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/2001

5. FEI Number

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
PTD	SEYOUM, ABIY	4140 SW 24 CT., APT. 2	FT. LAUDERDALE FL 33317

8. Name and Address of Current Registered Agent

SEYOUM, ABIY
4140 SW 24 CT., APT. 2
FT. LAUDERDALE FL 33317

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

11-11-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/02

CR2ED40 (8/02)

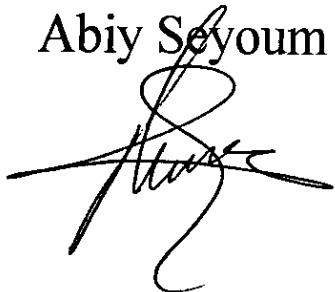
ADDIS ABBA INC
4140 SW 24CT APT. 2
FT. LAUDERDALE, FL. 33317

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

I have received a notice of dissolution from the department for my corporation; I did not receive prior notice to this dissolution. I call the department and they told me to write the letter and send \$150.00 with it.

Thank you

Abiy Seyoum

A handwritten signature in black ink, appearing to be 'Abiy Seyoum', written over the printed name.