

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000122260

1. Corporation Name

ABE ATLAS AIRE, INC.

Principal Place of Business

951 SATSUMA CIRCLE
JACKSONVILLE FL 32259

Mailing Address

951 SATSUMA CIRCLE
JACKSONVILLE FL 32259

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

12/27/2001

5. FEI Number

59-3422810

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
P	DARBY, DAVID C	951 SATSUMA CIRCLE	JACKSONVILLE FL 32259
VP	DARBY, MARLENE	951 SATSUMA CIRCLE	JACKSONVILLE FL 32259

800023752388
10/13/03--01074--013 **150.00

8. Name and Address of Current Registered Agent

DARBY, DAVID C
951 SATSUMA CIRCLE
JACKSONVILLE FL 32259

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

David C. Darby
REGISTERED AGENT MUST SIGN

Date

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:

David C. Darby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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**ABE ATLAS AIRE, INC.
951 SATSUMA CIRCLE
JACKSONVILLE, FL 32259**

October 10, 2003

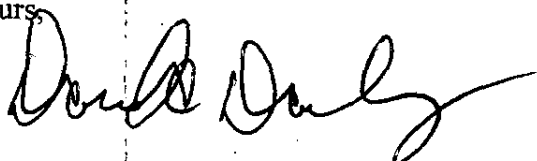
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

On behalf of the above corporation, please be advised that we did not receive the 2 prior Uniform Business Report notices.

Enclosed please find a check in the amount of \$150 for reinstatement of the Corporation.

Very truly yours,



David Darby
President

Enclosures