

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN -5 PM 3:04

DOCUMENT # **P02000006786**

1. Corporation Name

Abraham Financial, Inc.

2. Principal Office Address

8840 North Himes Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33614

Country

Hillsborough

3. Mailing Office Address

8840 N. Himes Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33614

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/2002

5. FEI Number

600001454

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jason Mabuf

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

8840 North Himes Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-3-2004

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
PD	Jason Mabuf	8840 N. Himes Ave Tampa, FL 33614	Tampa, FL 33614
VD	Allison Mabuf	8840 N. Himes Ave	Tampa, FL 33614

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

1-3-4 813930-2783

2072

Abraham Financial, Inc
8840 North Himes Ave
Tampa, FL 33614

January 3, 2005

Re: Corporation Reinstatement

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN -5 PM 3:04

To Whom It May Concern:

I am writing this letter to have my corporation, Abraham Financial, Inc., Document # P02000006786, reinstated for 2004 and 2005. The wrong address was on the Florida for Profit form. I have attached the form I filled out with the old mailing address I was using. The address was 10444 Green Links Drive. The address you had for Abraham Financial, Inc was 1044 Green Links Dr.

I never got a notice to file the yearly fee of \$150. I would appreciate if you would waive the late fees for me and allow me to pay \$300 for filing fees for 2004 and 2005. Please change my office and mailing addresses to 8840 North Himes Ave, Tampa, FL 33614. This should alleviate any future problems of this happening again. Thanks for your consideration and cooperation. If you have any questions or problems, please reach me at 813-930-2783.

Sincerely,



Jason Malouf, President