

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 14 PM 2:32

DOCUMENT # **P02000074702**

1. Corporation Name

**AB-IFX, INCORPORATED**

Principal Place of Business

1300 EXECUTIVE CENTER DRIVE  
SUITE 309  
TALLAHASSEE FL 32301

Mailing Address

PO BOX 13962  
TALLAHASSEE FL 32317

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

07/01/2002

5. FEI Number

**50-0005226**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BAILEY, CLADIE A	<del>4808 SOUTHWEST 1ST COURT</del> <b>2626 E. PARK AVE #21104</b>	<del>CAPE CORAL FL 33914</del> <b>TALLAHASSEE, FL 32301</b>

8. Name and Address of Current Registered Agent

BAILEY, CLADIE A

~~4808 SOUTHWEST 1ST COURT~~

~~CAPE CORAL FL 33914~~

**2626 E. Park Ave #21104  
Tallahassee, FL 32301**

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

*Cladie Bailey*  
REGISTERED AGENT MUST SIGN

Date **10/13/03**

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)(l), 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:

*Cladie Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/13/03**

Date

**850-676-8349**

Daytime Phone #

CR2E040 (7/03)

IDENTIFAX OF TALLAHASSEE  
POST OFFICE BOX 13962  
TALLAHASSEE, FL 32317-3962  
TELEPHONE (850) 656-8349  
TOLL FREE 800 500-1110  
FAX (850) 656-8697

C. ALYN BAILEY, DIRECTOR

PERSONAL AND CONFIDENTIAL

PLEASE REPLY TO: TALLAHASSEE OFFICE

October 14, 2003

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

RE: P02000074702



To Whom It May Concern:

Please let this serve notice that the corporation, AB-IFX Incorporated, d/b/a Identifax of Tallahassee, with the above referenced document number, did not receive any of the prior uniform business report notices sent out by the Department of State. Records indicate the Division of Corporations has the correct physical address and correct mailing address, so the reason for not receiving the prior notices is unknown.

I wish to reinstate this corporation to active status immediately and will make the appropriate arrangements.

Thank you handling this and if there are any other matters I need to take care of, please let me know at the above address or contact me at 850-656-8349.

Sincerely

A handwritten signature in black ink that reads "Cladie Alyn Bailey". The signature is written in a cursive, flowing style.

Cladie Alyn Bailey

#### AFFILIATED OFFICES

<b>ORLANDO</b>	<b>TAMPA</b>	<b>FT LAUDERDALE</b>	<b>FT MYERS</b>	<b>CORPORATE</b>	<b>W PALM BEACH</b>	<b>JACKSONVILLE</b>
800 500-3595	888 281-2511	800 910-2054	800 685-3937	800 940-3937	800 863-3110	888 870-8108
FAX (407) 740-0580	(813) 931-9858	(954) 984-9390	(239) 275-4622	(561) 863-6013	(561) 683-4174	(904) 215-3011