

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

03 OCT 13 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000120502

1. Corporation Name

AMERICAN BEAD CORPORATION

Principal Place of Business

12852 ISLEWORTH DRIVE
JACKSONVILLE FL 32225

Mailing Address

12852 ISLEWORTH DRIVE
JACKSONVILLE FL 32225

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

11/12/2002

5. FEI Number

16-1638863

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

03

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
D	WHALEY, JONATHAN P	12852 ISLEWORTH DRIVE	JACKSONVILLE FL 32225
D	SUGGS, EUGENE R	635 GULF STREAM TRAIL	ORANGE PARK FL 32073

10/13/03--01058--001 **150.00

500022748385

10/13/03--01058--001 **150.00

8. Name and Address of Current Registered Agent

WHALEY, JONATHAN P
12852 ISLEWORTH DRIVE
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name

Jonathan P Whaley

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

1726 Kingsley AVE

Suite, Apt. #, Etc.

Suite 17

City

ORANGE PARK

State

FL

Zip Code

32073

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

Jonathan P. Whaley

REGISTERED AGENT MUST SIGN

Date 10/7/03

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)(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:

Jonathan P. Whaley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/7/03 9043341810

CR2E040 (7/03)

Date: 10/7/03

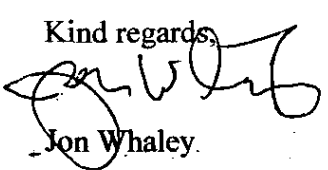
Jon Whaley President of American Bead Corporation
12852 Isleworth Drive
Jacksonville, Fl. 32225

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Mr./Ms.

I am writing this letter pursuant to my telephone conversation with one of your agents. I informed her that American Bead Corporation is active and an ongoing enterprise. I also told her that we had not received the proper paper work to fill out prior to receiving your form "Notice of Administrative Dissolution or Revocation". I was informed to fill out the reinstatement form enclose a check for \$150.00 and petition for waiver of reinstatement fee. Please find the check and proper documents for your consideration. If you have any questions, feel free to call me @ 904 334 8110.

Kind regards,


Jon Whaley.