

10fz


To: Subject 001839.94766

From: Ricky Soto

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000121521					
1. Corporation Name ABLE ERRECTORS, Inc.					
2. Principal Office Address - No P.O. Box # 6010 63RD AVE E			3. Mailing Office Address P.O. BOX 572		
Subs. Apt. #, etc.			Subs. Apt. #, etc.		
City & State PALMETTO, FL.			City & State ELLENTON, FL.		
Zip 34221	Country USA	Zip 34222	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12-2-02	
7. Name and Address of Current Registered Agent Name DEBRA BLISK Street Address (P.O. Box Number is Not Acceptable) 6010 63RD AVE E. Subs. Apt. #, Etc. City PALMETTO State FL Zip Code 34221				5. FEI Number 61-1431284 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
B. 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.				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
C. Signature of Registered Agent Debra Blisk Date 10-22-08 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PRES.	DEBRA BLISK	6010 63RD AVE E		PALMETTO, FL. 34221	
TREAS.	DEBRA BLISK	6010 63RD AVE E.		PALMETTO, FL. 34221	
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 contained in Chapter 119, 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: Debra Blisk				Date 10-22-08 Daytime Phone # 219-313-4570	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
2008 OCT 22 AM 11:05
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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Division of Corporations

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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

001839.94766

CORPORATION REINSTATEMENT

ABLE ERECTORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

\$450.00

*1000 Reinstatement fee waived

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