

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000009401

1. Entity Name  
ABBEY'S HOUSEKEEPING PERSONNEL, INC.



Principal Place of Business  
2499 OLD LAKE MARY ROAD  
SUITE 120  
SANFORD, FL 32771 US

Mailing Address  
2499 OLD LAKE MARY ROAD  
SUITE 120  
SANFORD, FL 32771 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132004

REIN-P

CR2E098 (6/04)

4. FEI Number  
45-0498300

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTHER, WILLIAM C  
2499 OLD LAKE MARY ROAD  
SUITE 120  
SANFORD, FL 32771

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William C. Arther, President

October 25, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ARTER, WILLIAM C ☐ Delete  
STREET ADDRESS 1811 SUMMERLIN AVENUE  
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900042313969  
CITY-ST-ZIP 10/29/04--01052--013 \*\*750.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C. Arther, President

October 25, 2004

407-268-4435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 OCT 29 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

