

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 APR 14 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 003000027600

1. Corporation Name

A.B. Closing Inc.

2. Principal Office Address - No P.O. Box #

3504 Lake Lynda Dr.  
Suite, Apt. #, etc.

City & State

Orlando FL

Zip Country

32817 US

3. Mailing Office Address

3504 Lake Lynda Dr.  
Suite, Apt. #, etc.

City & State

Orlando FL

Zip Country

32817 US

900123284659  
04/14/08-01051-026 \*\*1208.75  
REINSTATEMENT 05-08

4. Date Incorporated or Qualified  
To Do Business in Florida

2003

5. FEI Number

06-1681440

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

Mark Moore

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

3504 Lake Lynda Dr.

Suite, Apt. #, Etc.

City

Orlando

State  
FL

Zip Code

32817

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date 4/7/2008

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
President	Diane Mahony	3504 Lake Lynda Dr. #165	Orlando, FL 32817
CEO	Mark Moore	3504 Lake Lynda Dr. #165	Orlando, FL 32817
COO	John Mahony	3504 Lake Lynda Dr. #165	Orlando, FL 32817
CEO	Elisha Moore	3504 Lake Lynda Dr. #165	Orlando, FL 32817

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2008  
Date

407-910-7600  
Daytime Phone #

4/16/08