

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -4 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000045381

1. Corporation Name

ABBYLU INCORPORATED

REINSTATEMENT

05-07 CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
12720 S Orange Blossom Trail

3. Mailing Office Address
12720 S Orange Blossom Trail

Suite, Apt. #, etc.
Suite # 2

Suite, Apt. #, etc.
Suite # 2

City & State
Orlando FL

City & State
Orlando FL

Zip
32837 Country
USA

Zip
32837 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **04/21/2003**

5. FSN Number
562352030

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
ARMSTRONG, HELEN

Street Address (P.O. Box Number is Not Acceptable)
2614 TALOVA DRIVE

Suite, Apt. #, Etc.

City
ORLANDO

State
FL Zip Code
32837

☒ 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

Helen Armstrong

REGISTERED AGENT MUST SIGN

Date **04/03/07**

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
P	ARMSTRONG, HELEN	2614 TALOVA DR	ORLANDO FL 32837
T/V	ARMSTRONG, MICHAEL T	2614 TALOVA DR	ORLANDO FL 32837

700088361957
04/10/07--01041--024 **450.00

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:

Michael Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07
Date

407 592 3799
Daytime Phone #