

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000060414

1. Corporation Name

AFFILIATED BUSINESS SERVICE, INC.
21602 BRATTLE LANE
CLEARWATER FL 33761

2. Principal Office Address

21602 BRATTLE LANE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip 33761

Country FLORIDA

Zip 33761

Country

REINSTATEMENT 04-06

CR2E081 (12/05)

7 Roberts MAY 15 2006

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-3-2003

5. FEI Number

06-1699665

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

DAVID E. SALMON

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

21602 BRATTLE LANE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33761

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

David E. Salmon

Date 2-2-2006

REGISTERED AGENT MUST SIGN

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
<u>CEO</u> <u>DIR</u>	<u>WINFRED D. RUSSELL</u>	<u>11840 TAPP DR</u>	<u>INDIANAPOLIS, IN 46229</u>

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:

Winfred D. Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winfred D. Russell
Date

Date

Daytime Phone #

2/2/02 727-642-5777