

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 29 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000140678**

1. Corporation Name

Abel Rodriguez inc.

100173355961
03/29/10--01018--009 **758.75

CR2E081 (11/09)

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

231 CR 765

Suite, Apt. #, etc.

3. Mailing Office Address

231 CR 765

Suite, Apt. #, etc.

City & State

webster FL.

City & State

webster FL.

Zip

33597

Country

sumter

Zip

33597

Country

sumter

4. Date Incorporated or Qualified
To Do Business in Florida

NOV-19-2003

5. FEI Number

200483560

☒ 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

Abel Rodriguez

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

231 CR 765

Suite, Apt. #, Etc.

City

webster

State

FL

Zip Code

33597

☒ 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

Abel Rodriguez

REGISTERED AGENT MUST SIGN

Date **03/12/10**

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 | Abel Rodriguez | 231 CR 765 | webster FL 33597 |
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REINSTATEMENT

RH

10. E-mail Address: **Abellidia34@yahoo.com**

(To be used for future annual report notification)

11. 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. I further certify, 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: **Abel Rodriguez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/10 (352)3034749

Date

Daytime Phone #