

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000002150

1. Entity Name
ABBA COMPUTER SYSTEMS INC



FILED

04 NOV 23 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8720 SW HWY. 200, #3
OCALA, FL 34481

Mailing Address
8720 SW HWY. 200, #3
OCALA, FL 34481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252004

REIN-P

CR2E098 (6/04)

4. FEI Number

74-3112803

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

VOISINET, ANTHONY V
8720 SW HWY. 200, #3
OCALA, FL 34481

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
VOISINET, ANTHONY V
8720 SW HWY. 200, #3
OCALA, FL 34481 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100042476891
11/04/04--01049--009 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
MCDANIEL, CARLA
8720 SW HWY. 200, #3
OCALA, FL 34481 ☐ Delete

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

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☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

Anthony V Voisinet SR 11/02/04 861-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ABBA Computer Systems Inc

8720 SW Hwy 200 #3

Ocala FL 34481

352-861-2550

352-861-1584

November 2, 2004

Florida Dept. of State
Glenda Hood
P.O. Box 6327
Tallahassee FL 32314
80-245-6056

RE: P04000002150

Enclosed are the reinstatement application and a check in the amount of \$150.00. We were unaware of the filing fee due to the fact that we never received the original form or the late file postcard. The only correspondence received was the notification of dissolution. Please negate the \$600.00 late charge. Now that we are aware of the fee it will be filed and paid on time.

Thank you,

Anthony Voisinnet
