

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000049542

1. Entity Name
ABEL CISNEROS INC



Principal Place of Business
1701 LITTLE SPRING HILL DR
OCOE, FL 34761 US

Mailing Address
1701 LITTLE SPRING HILL DR
OCOE, FL 34761 US

2. Principal Place of Business - No P.O. Box #

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CISNEROS, ABEL
1701 LITTLE SPRING HILL DR
OCOE, FL 34761

7. Name and Address of New Registered Agent

Name Cisneros, Abel
Street Address (P.O. Box Number is Not Acceptable)

1701 Little Spring Hill Drive

City Ocoee

FL

Zip Code 34761

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-16-09

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CISNEROS, ABEL
STREET ADDRESS 1701 LITTLE SPRING HILL DR
CITY-ST-ZIP OCOE, FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 200156944232
STREET ADDRESS 06/09/09--01029--002
CITY-ST-ZIP **300.00

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-16-09 (40A)656-5033

Date

Daytime Phone #

FILED
09 JUN -9 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09
05-16-09 REIN-P 1002E098 (1/07)

4. FEI Number ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Ocoee 12.6 of MAY 2009

To whom it may concern,

My name is Abel Cisneros
I send this letter to Ask Please
If you can reduce my \$600.00 fee
charge. I want to let you
know that I didn't received
a notice of reactivate to reinstate
my Corporation and also I did
not know that I have to do that
every year, now I know and
I promise to keep update with
that from now on. Thank you

Sincerely

Abel Cisneros