

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000036867

Entity Name: ABILITY CONCEPTS, INC.

**FILED**  
**Nov 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3000 GULF TO BAY BLVD., STE 401  
CLEARWATER, FL 33759 US

**New Principal Place of Business:**

504 ARLINGTON AVE. E.  
OLDSMAR, FL 34677 US

**Current Mailing Address:**

3000 GULF TO BAY BLVD., STE 401  
CLEARWATER, FL 33759 US

**New Mailing Address:**

504 ARLINGTON AVE. E.  
OLDSMAR, FL 34677 US

FEI Number: 27-2459257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GURNEY, CRAIG J  
504 ARLINGTON AVE. E.  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: CRAIG GURNEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GURNEY, CRAIG J  
Address: 504 ARLINGTON AVE. E.  
City-St-Zip: OLDSMAR, FL 34677 US

Title: VP  
Name: MARSHACK, JUSTIN M  
Address: 10385 111PL  
City-St-Zip: LARGO, FL 33773 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG GURNEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

11/01/2011

\_\_\_\_\_  
Date