

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 15 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012166

1. Corporation Name

ABA FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

~~5301 W CYPRESS~~
~~0007~~
~~TAMPA FL 33607~~

~~5301 W CYPRESS~~
~~0007~~
~~TAMPA FL 33607~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4209 Woodstorks Walk #312

Suite, Apt. #, etc.

P.O. Box 270693

City & State

Lutz, FL

City & State

Tampa FL

Zip

33549

Country

USA

Zip

33688

Country

USA

REINSTATEMENT

96

4. Date Incorporated or Qualified To Do Business in Florida

12/11/1992

5. FEI Number

59-3155190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	ANDREASEN, ALLAN B	1101 GLEN PARK LANE 4209 Woodstorks Walk #312	VALHALLA FL Lutz FL 33549
V	ANDREASEN, KAREL	1101 GLEN PARK LANE	VALHALLA FL

500002011875--3
-11/22/96--01010--008
****375.00 ****375.00

JB11-20-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDREASEN, ALLAN B
5301 W CYPRESS
SUITE 307
TAMPA FL 33607

Name

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

4209 Woodstorks Walk

Suite, Apt. #, Etc.

312

City

Lutz

State

FL

Zip Code

33549

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

ALLAN ANDREASEN

REGISTERED AGENT MUST SIGN

Date 11-12-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(I), 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:

ALLAN ANDREASEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-96 (813) 966-8822

Date

Daytime Phone #