PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 03 APR 22 PH 2: 34 DOCUMENT # P93000004127 LEGERARY OF STATE LIGHTHAGSEE, FLORIDA 1. Corporation Name ABPLANALP, INC. Principal Place of Business Mailing Address 5007 SW LANDING CREEK DR 5007 SW LANDING CREEK DR PALM CITY FL 34990 PALM CITY FL 34990 If above addresses are incorrect in any way, line through incorrect information and enter correction t 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 01/13/1993 Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FEI Number Applied For City & State City & State 65-0379878 Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip D **CURTIS. KAREN V** 5007 SW LANDING CREEK DR PALM CITY FL 34990 D **CURTIS, EDWARD** 5007 SW LANDING CREEK DR PALM CITY FL 34990 300002859373--6 -04/30/99~-01138--024 \*\*\*\*950.00 \*\*\*\*950.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CURTIS, KAREN V Suite, Apt #, Etc. 5007 SW LANDING CREEK DR PALM CITY FL 34990 PAM City State Zip Code 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 Liste REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Yes 🔀 No Intangible Personal Property tax due June 30. on intangible tax.) 12. Loertify that Lam 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 2/-15-99 954-465-4563 SIGNATURE:

SIGNING OFFICER OR DIRECTOR