

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P93000040788**

1. Corporation Name **ABYSS, INC.**

FILED

97 APR -7 AM 10: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **SEA MIST MARINA
300 CASA LOMA BLVD
BOYNTON BCH. FLA 33435**

Mailing Address **128 NEPTUNE DR
HYPOLUXO, FLA
33462**

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

2. New Principal Office Address, If Applicable
128 NEPTUNE DR.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
128 NEPTUNE DR
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

1993

City & State
HYPOLUXO, FLA
Zip **33462** Country **USA**

City & State
HYPOLUXO, FLA
Zip **33462** Country **USA**

5. FEI Number

65-0421164

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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
PRES.	KAREN E. STROSHEIN	128 NEPTUNE DR HYPOLUXO, FLA 33462	3000002138173--3 -04/09/97--01101--0014 ***1253.75 ***1253.75
V. PRES.	ARNOLD E. STROSHEIN	128 NEPTUNE DR HYPOLUXO, FLA 33462	
SEC.	JUDITH A. STROSHEIN	128 NEPTUNE DR. HYPOLUXO, FLA 33462	
TREAS.	KAREN E. STROSHEIN	128 NEPTUNE DR. HYPOLUXO, FLA 33462	
DIR.	JAYNE STROSHEIN-ROUSSEAU	234 S.W. 13TH AVE BOYNTON BCH FL 33435	

8. Name and Address of Current Registered Agent

**KAREN E. STROSHEIN
128 NEPTUNE DR
HYPOLUXO, FLA 33462**

9. Name and Address of New Registered Agent

Name
KAREN E. STROSHEIN
Street Address (P.O. Box Number is Not Acceptable)
128 NEPTUNE DR
Suite, Apt. #, Etc.

City **HYPOLUXO** State **FL** Zip Code **33462**

10. 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

Karen E. Stroshein
REGISTERED AGENT MUST SIGN

Date **4/1/97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen E. Stroshein

Date

4/1/97

Daytime Phone #

(561)
588-5892

CPRE040 (12/96)