

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 11 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Able Lumber and Supply, Inc.

400005170504--0

-03/27/02--01004--033

\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT 01-02

2. Principal Office Address

30750 U.S. 19 NO.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 999

Suite, Apt. #, etc.

City & State

Palm Harbor FL

Zip

34684

Country

US

City & State

Clearwater FL

Zip

34697

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

6/23/93

5. FEI Number

593198312

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

David Lamont

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

30750 U.S. 19 North

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section

607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

03/06/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STD	Anne Mongelluzzi	30750 US 19 North Palm Harbor FL 34684	Palm Harbor FL 34684
PD	Frank Mongelluzzi	30750 US 19 North Palm Harbor FL 34684	Palm Harbor FL 34684

10. 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

Date

3/6/02

Daytime Phone #

CR2001 (9/01)