

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS*

FILED

00 DEC 26 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000076336

1. Corporation Name

ABACUS BUSINESS COMPUTERS, INC.

2. Principal Office Address

15301 Roosevelt Blvd.

Suite, Apt. #, etc.

Suite 303

City & State

Clearwater

Zip

33760

Country

U.S.A.

3. Mailing Office Address

15301 Roosevelt Blvd.

Suite, Apt. #, etc.

Suite 303

City & State

Clearwater

Zip

33760

Country

U.S.A.

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-01-1993

5. FEI Number

59-3217824

Apply

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

ANTHONY P. VALENTE JR. ESQUIRE

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

100 Second Avenue South

Suite, Apt. #, Etc.

Suite 1201

City

St. Petersburg FL

State

FL

Zip Code

33701

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

Date 12-20-00

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
D/P	Richard C. Peterson	7128 Hideaway Trail	New Port Richie FL 34655
D/P	Debra J. Peterson	7128 Hideaway Trail	New Port Richie FL 34655

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

12/21/00

Date

727-524-0177

Daytime Phone #