

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 JAN 27 PM 12: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010367**

1. Corporation Name

ABC ACCOUNTING, INC.

Principal Place of Business

Mailing Address

1700 WELLS RD.

1700 WELLS RD.

~~SUITE 25~~

~~SUITE 25~~

ORANGE PARK FL 32073

ORANGE PARK FL 32073

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 24
City & State

SUITE 24
City & State

5. FEI Number

59-3272087

Applied For

Not Applicable

Zip

Country

Zip

Country

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
D	LOFTIS, RICK M	1700 WELLS RD. #25	ORANGE PARK FL 32073
D	JOHN EDGEcombe	1700 Wells Road Suite 24	
			9000002070449--1 -01/28/97--01102--004 ***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LOFTIS, RICK M~~

1700 WELLS RD.

SUITE 25

ORANGE PARK FL 32073

Name

JOHN EDGEcombe

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

1700 Wells Road

Suite, Apt. #, Etc.

Suite 24

Orange Park

State

FL

Zip Code

32073

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

John Edgcombe

REGISTERED AGENT MUST SIGN

Date

1-21-97

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:

John Edgcombe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-21-97

Daytime Phone #

904 2787945