

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 23 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95039940431**

1. Corporation Name

+ABD Accounting By Design, Inc.

REINSTATEMENT **03-04**

2. Principal Office Address

6161 Dr M L King Jr St N

3. Mailing Office Address

6161 DR ML King Jr St N

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

Zip

33703

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 08/11/96

5. FEI Number

59-3403244

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900030934829

03/23/04--01068--026 **300.00

7. Name and Address of Current Registered Agent

Name

Dawn W. Grzybala

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

8101 17th Way N

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33702

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 03/15/04

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
P,T,S	Dawn W. Grzybala	8101 17th Way N	St. Petersburg, FL 33702

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:

Dawn W. Grzybala
Dawn W. Grzybala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/04

Date

727-563-0150

Daytime Phone #

CR2E051 (01/04)