

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 23 AM 11:56

DOCUMENT #

1. Corporation Name

ABBA LABORATORY SERVICE

P95000071881

2. Principal Office Address

1100 CLEVELAND ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite # 1101

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

Zip

Country

33755

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

9-14-1995

5. FEI Number

59-3255258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-01

7. Name and Address of Current Registered Agent

Name

TERRI GIBBS

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

2631 St. JOSEPH DR. W.

Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

000004672440--7

-11/08/01--01047--002

***900.00 ***700.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

TERRI GIBBS

REGISTERED AGENT MUST SIGN

Date 10/22/01

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
CEO/ALL	TERRI GIBBS	2631 St. Joseph Dr. W.	DUNEDIN, FL 34698

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:

TERRI GIBBS / TERRI GIBBS

10/22/01

727-4233038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #