

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
00 DEC 11 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094374

1. Corporation Name

ABLE HANDLING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 23441  
TAMPA FL 33630

P.O. BOX 23441  
TAMPA FL 33630



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

12/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3325407

Applied For

Not Applicable

City & State

City & State

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	SAMIT, RICHARD	9805 - 46TH STREET	TAMPA FL 33617

500003508665--6

12/20/00 01045-015

\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAMIT, RICHARD  
9805 - 46TH STREET  
TAMPA FL 33617

Name

Richard Samit

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

819 BLUE Heron Blvd. N.W.

Suite, Apt. #, Etc.

City

Ruskin, FL

State

Zip Code

FL

33570

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

*[Signature]*

Date December 6, 2000

REGISTERED AGENT MUST SIGN

11. 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]* Richard Samit, President December 6, 2000 813-289-7795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)