

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

97 APR -2 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094977

1. Corporation Name

ABSOLUTE HOLDINGS OF
SOUTH FLORIDA, INC

Principal Place of Business

Mailing Address

C/O COLONY REALTY INC.
11440 OKEECHOBEE BLVD STE. 206
ROYAL PALM BEACH, FLA. 33411

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

12/14/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0629231

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
V.P.	WILLIAM WRIGHT	13500 CHELMSFORD ST	WELLINGTON, FLORIDA 33414
P.	RICHARD ELLIOTT	13150 DOUBLETREE CIR.	WELLINGTON, FLORIDA 33414
S	KERRY ROBERGE	C/O WILLIAM WRIGHT 13500 CHELMSFORD ST	WELLINGTON, FLA. 33414

REINSTATEMENT 96-97

A. Alan
4/12/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAM WRIGHT
13500 CHELMSFORD ST.
WELLINGTON, FLA.
33411

Name

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

300002134043--2

Suite, Apt. #, Etc.

04/04/97-01093-006

City

***923.75

***923.75

State

FL

Zip Code

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

William E. Wright

REGISTERED AGENT MUST SIGN

Date

4/1/97

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:

William Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM WRIGHT

4/1/97 561-793-4466

Date

Daytime Phone #

CR2E040 (12/96)