

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 095000096616

1. Corporation Name

16 ABD CORP.

Principal Place of Business

Mailing Address

P.O. BOX 7086
DELRAY BEACH FL 33482-7086

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

12-1-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0636640

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
V/T/D	JOHN HOWARD	21 HAREWOOD	MORGANTOWN WV 26505
P/D	VICTORIA HOWARD	21 HAREWOOD	MORGANTOWN WV 26505
S/V/D	BRUCE K. NICKELLS	3700 NE 29TH AVENUE	LIGHTHOUSE POINT FL 33064
			600002320706-5 -10/15/97-01044-007 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN G. BROOKS, P.A.
450 NORTH PARK ROAD
SUITE 400
HOLLYWOOD FL 33021

Name

DAVID A. KOFSKY

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

3440 HOLLYWOOD BLVD.

Suite, Apt. #, Etc.

SUITE 450

City

HOLLYWOOD

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date

10/1/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/97

Daytime Phone #

CR20040 (12/96)