

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 SEP 28 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000021898

1. Corporation Name

A.B. Price, Inc.

2. Principal Office Address

10263 Whispering Forest Dr.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32257

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3371857

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roswitha Mavety

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

10263 Whispering Forest Drive

Suite, Apt. #, Etc.

000004653920-1

-10/25/01--01070--026

****300.00 ****300.00

City

Jacksonville

State

FL

Zip Code

32257

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

Roswitha Mavety

Roswitha Mavety, RA

Date 9-24-01

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
D	Anthony B. Price	10263 Whispering Forest Dr.	Jacksonville, FL 32257
P	Roswitha Mavety	10263 Whispering Forest Dr.	Jacksonville, FL 32257

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:

Roswitha Mavety

Roswitha Mavety, President

(904) 538-0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

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ERIC V. GILL

4393 RIDGEWOOD AVENUE - SUITE 1
PORT ORANGE, FLORIDA 32127

ATTORNEY AT LAW

TELEPHONE (386) 788-1776
FAX (386) 788-3698

September 27, 2001

State of Florida
Division of Corporations
P.O. Box 6327
409 E. Gaines
Tallahassee, FL 32399

IN RE: A.B. Price, Inc.

Gentlemen:

Enclosed please find my check in the amount of \$300.00 together with a Corporate Reinstatement Form. My secretary spoke with a representative at the Division of Corporations Reinstatement Department and he advised that since Mr. Price had never received his Annual Corporate Returns that the late fees would be waived. Thank you in advance for your usual professional courtesy.

Very truly yours,

ERIC V. GILL

EVG/kl
cc: client