

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

98 MAR -5 AM 8:52

DOCUMENT # P96000055084

1. Corporation Name
ABACO GOLD, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
624 ST LUCIE CRESCENT #301
STUART FL 34994

Mailing Address
624 ST LUCIE CRESCENT #301
STUART FL 34994



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
418 Front St.

3. New Mailing Office Address, If Applicable
418 Front St.

4. Date Incorporated or Qualified
To Do Business in Florida 06/28/1996

City & State
Key West, Florida
Zip 33040 Country US

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Key West, FL
Zip 33040 Country US

5. FEI Number 65-0691068
Applied For Not Applicable

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)

| 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 |
|--------------|-------------------------------------|---|----------------------------|
| D | KUNKEL, JOHN H II | 624 ST LUCIE CRESCENT #301 | STUART FL 34994 |
| D | WILLIAMSON, ANGELA | 624 ST LUCIE CRESCENT #301 | STUART FL 34994 |
| P, D | Williamson, Angela | 1120 Van Phister St. | Key West, FL 33040 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 97-98

A. Alan
3/5/98

8. Name and Address of Current Registered Agent

~~KUNKEL, JOHN H II~~
~~624 ST LUCIE CRESCENT #301~~
~~STUART FL 34994~~

9. Name and Address of New Registered Agent

Name Angela Williamson
Street Address (P.O. Box Number is Not Acceptable)
1120 Van Phister St.
Suite, Apt. #, Etc.
City Key West State FL Zip Code 33040

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 Angela Williamson
REGISTERED AGENT MUST SIGN

Date 2/27/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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: Angela Williamson Angela Williamson 2-27-98 (305) 296-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRESD40 (8/97)