

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 19 AM 11:49

DOCUMENT # P96000055426

1. Corporation Name

ABBA RELOCATION OF DAYTONA, INC.

Principal Place of Business

Mailing Address

1838 S. SEGRAVE ST.  
SOUTH DAYTONA FL 32119  
US

1838 S. SEGRAVE ST.  
SOUTH DAYTONA FL 32119  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/1996

5. FEI Number

59-3390620

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	4 City / State / Zip
P	REGENWOR, LINDA	6190 HALFMOON DR	PORT ORANGE FL

600003027186-4  
--10/27/99--01106--024  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASSARLY, DAWN M  
9 SUNDUSKY RD  
S DAYTONA FL 32119

Name Linda Regenwor  
Street Address (P.O. Box Number Not Acceptable)  
6190 Half Moon Dr.  
Suite, Apt. #, Etc.

City Port Orange

State FL Zip Code 32127

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

*Linda Regenwor*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-13-99

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 submitted on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Linda Regenwor*  
REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-99

Date

904 760-4040

Daytime Phone #