

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



**REINSTATEMENT 99**

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
6. FEI Number	59-3390620
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$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

600083027186-4  
 -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** Date 10-13-99  
 REGISTERED AGENT MUST SIGN

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 provided 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** Date 10-13-99 904 760-4040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20504 (8/99)