

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -4 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000059793

1. Corporation Name

ABBY'S IDEA FACTORY, INC.

Principal Place of Business

Mailing Address

21346 ST ANDREWS BLVD STE 209
BOCA RATON FL 33433

21346 ST ANDREWS BLVD STE 209
BOCA RATON FL 33433

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

07/17/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0689177

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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
PSTD	WATERS, ABBY	21346 ST ANDREWS BLVD STE 209	BOCA RATON FL 33433
			600003046306--5 -11/16/99--01093--019 ***158.75 ***158.75
			SP

8. Name and Address of Current Registered Agent

MAURER, JANI E
1489 W PALMETTO PARK RD STE 440
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name
PJ MAHONEY
Street Address (P.O. Box Number is Not Acceptable)
6455 N FEDERAL HWY
Suite, Apt. #, Etc.
STE L
City
BOCA RATON
State
FL
Zip Code
33487

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

PJ Mahoney

REGISTERED AGENT MUST SIGN

Date 10-11-99

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 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

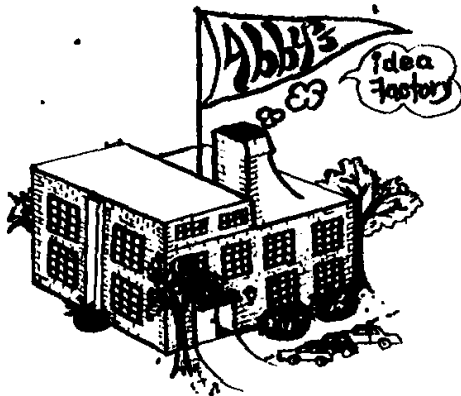
Abby Waters

10-11-99

Date

(361) 995-2229

Daytime Phone #



(2)

November 1, 1999

Reinstatement Section
Annual Report
Division of Corporations
Department of State
409 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

Enclosed please find my Application for Reinstatement and a check in the amount of \$158.75 to cover both the annual filing and a Certificate of Status.

Per my conversation with a clerk in your office, I am sending only the amount normally due at the time of renewal, versus the amount necessary to reinstate. At the time of the change in the corporate name, there was some confusion as to mail delivery. Subsequently, I never received the annual renewal form or the Notice to Dissolve. Therefore, I am asking that my company (current name: Abby's Idea Factory, Inc.) be reinstated at no additional cost.

Should you have any questions, please contact my assistant, (Ms.) PJ Mahoney. She can be reached at (561) 995-2229.

Sincerely,

Abby Waters
Abby Waters

AW/pjm

Enclosures

Dedication to Innovation
21346 St. Andrews Blvd. Suite 209 Boca Raton, Fla. 33433
Phone/Fax: 561-988-2020
AbbysIdeas@aol.com