

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000059793

1. Corporation Name

Abby's Idea Factory

2. Principal Office Address

21346 St. Andrews Blvd

Suite, Apt. #, etc.

Ste 209

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address (Same)

21346 St. Andrews Blvd

Suite, Apt. #, etc.

Ste 209

City & State

Boca Raton, FL

Zip

33433

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-17-96

5. FEI Number

65-0689177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

~~PJ Mahoney~~

BARBARA COLLINS

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

~~5455 N Federal Hwy, Ste 1~~

616 NW 13th St, #11

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33486

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

Barbara Collins

REGISTERED AGENT MUST SIGN

Date 10/24/02

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
PSTD	Waters, Abby	21346 St. Andrews Blvd Ste 209	Boca Raton, FL 33433

500008696155
10/30/02--01041--004 **750.00

500008697225
10/30/02--01041--005 **8.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abby Waters, President

(561) 988-2020

Date
10-24-02

Daytime Phone #

11/6/02

CR2E081 (9/01)