

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

97 DEC 11 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000069876**

1. Corporation Name

**ABE'S ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

6790 SARA SEA CIRCLE  
SARASOTA FL 34242

6790 SARA SEA CIRCLE  
SARASOTA FL 34242



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

2. New Principal Office Address, If Applicable  
**7346 Regina Royale**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**PO Box 3319**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/1996

City & State  
**Sarasota FL**  
Zip  
**34238** Country  
**USA**

City & State  
**SARASOTA FL**  
Zip  
**34230** Country  
**USA**

5. FEI Number

**65-0700155**

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
PSTD	LINCOLN, PATRICK J	6790 SARA SEA CIRCLE <b>7346 Regina Royale</b> <del>SARASOTA FL 34242</del>	SARASOTA FL 34242 <b>SARASOTA FL 34238</b>
			600002371336--9 -12/12/97--01117--016 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name  
**PATRICK LINCOLN**  
Street Address (P.O. Box Number is Not Acceptable)  
**7346 Regina Royale**  
Suite, Apt. #, Etc.  
City  
**Sarasota** State  
**FL** Zip Code  
**34238**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/97

CR2E040 (8/97)

***ABE'S ENTERPRISES, INC.***

7346 REGINA ROYALE

***SARASOTA, FL 34238***

*November 6, 1997*

*Division of Corporations*

*PO Box 6327*

*Tallahassee, FL 32314*

*Attn: Sean Toner*

*Dear Sean:*

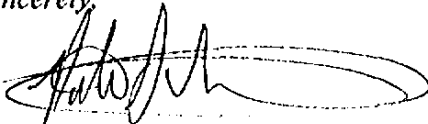
*Enclosed please find the Application for Reinstatement. As instructed, I have attached a check in the amount of \$165.00. I was informed by Sharon Rannebarger of George V. Famiglio, Jr. & Associates that I needed to write you a letter explaining to you that I never received the original Annual Corporation Report form.*

*You will note that I have corrected the form.*

*Please correct and send a letter of correction to me.*

*Thank you for your immediate attention to the above matter.*

*Sincerely,*

A handwritten signature in black ink, appearing to read 'Patrick J. Lincoln', enclosed within a large, hand-drawn oval.

*Patrick J. Lincoln  
President*