

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR -1 PM 1:20

SEAL
TALLAHASSEE, FLORIDA

DOCUMENT # P97000075181

1. Corporation Name

A B L BROKERAGE SERVICES, INC.

Principal Place of Business
8808 COVERED BRIDGE CT
TAMPA FL 33634

Mailing Address
8808 COVERED BRIDGE CT
TAMPA FL 33634

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

08/29/1997

5. FEI Number

59-3465376

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
DPST	KERR, WILLIAM J	8808 COVERED BRIDGE CT	TAMPA FL 33634

3000003164389-4

03/09/00 01097 014

****900.00 ****900.00

REINSTATEMENT 99-0011TS

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

Spiegel & Ultrera, PA

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

343 Almeria Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

William J. Kerr
REGISTERED AGENT MUST SIGN
Att'y at Law

Date

2/3/00

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:

William J. Kerr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KERR

2/3/00

Date

813-505-4054

Daytime Phone #

CR2E04n (8/99)