

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Matthew J. Morris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -9 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000084626

1. Corporation Name

AMERICA'S BEST CUTLERY/DIRECT, INC.

Principal Place of Business

Mailing Address

5151 SUNDEAM RD
STE #4
JACKSONVILLE FL 32257
US

1960 US HIGHWAY 1 SOUTH #113
ST. AUGUSTINE FL 32086

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

09/29/1997

5. FEI Number

59-3472218

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
D	GALLAGHER, MICHAEL J	1960 US HIGHWAY 1 SOUTH #113	ST. AUGUSTINE FL 32086
D	TURBER, MICHAEL E	1960 US HIGHWAY 1 SOUTH #113	ST. AUGUSTINE FL 32086
			000003078570--3 -12/22/99--01092--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALLAGHER, MICHAEL J
1960 US HIGHWAY 1 SOUTH #113
ST. AUGUSTINE FL 32086

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Michael J. Gallagher

Date 12/3/99

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael J. Gallagher
MICHAEL GALLAGHER

12/3/99 (904) 797-6606

KE

Date

Daytime Phone #

CR2E040 (6/99)

12/1/99

TO WHOM THIS MAY CONCERN,

WHEN WE RECEIVED THIS NOTICE WE CALLED AND ASKED WHAT IT WAS CONCERNING, AT WHICH POINT WE WERE TOLD THAT WE HADN'T FILED THE FORM THAT WAS REQUIRED. WE HAVE GONE THROUGH ALL OF RECORDS FROM LAST YEAR AND WE CAN'T FIND ANY FORM PRIOR TO THIS ONE.

I AM ENCLOSING A CHECK FOR \$150.00 AS I WAS INSTRUCTED BY ONE OF YOUR REPRESENTATIVES ALONG WITH THIS EXPLANATION.

A CHECK OF OUR STATE SALES TAX RECORDS WILL SHOW THAT WE ARE AND HAVE BEEN CURRENT IN OUR PAYMENTS.

PLEASE FEEL FREE TO CONTACT ME IF YOU HAVE ANY FURTHER QUESTIONS.
MICHAEL GALLAGHER
904-797-6606

I THANK YOU IN ADVANCE FOR YOUR HELP.

BEST REGARDS,
MICHAEL GALLAGHER
PRESIDENT / AMERICA'S BEST CUTLERY -DIRECT, INC.

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