## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FÖR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000087024
------------	--------------

1. Corporation Name

## ABKE, CORPORATION

Principal Place of Business

5711 N LAGOON DR

PANAMA CITY BEACH FL 32408 US

Mailing Address

5724 S LAGOON DR PANAMA CITY BEACH FL 32408

#900FILED

02 JAN 11 PH 2:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



To Do Business in Florida  10/07/1997  Suite, Apt. #, etc.  5. FEI Number  59-3469523  Applied For Not Applicab  City & State  City & State  Country  Zip  Country  Zip  Country  Country  Country  Title(s)  Name of Officers and/or Directors  Suite, Apt. #, etc.  5. FEI Number  Certificate of Status Desired  Certificate of Status Desired  Street Address of Each Officer and/or Director Officer and/or Director  City / State / Zip				•		nd enter correction below.					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	New Principal Office Address, If Applicable     3. New Maili							4. Date Incorporated or Qualified To Do Business in Florida 10/07/1997			
Country   Zip   Country   Country   Zip   Country   6.   CERTIFICATE OF STATUS DESIRED     \$8.75 Additional Fee representations and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Title(s)   Name of Officers and/or Directors   Street Address of Each Officer and/or Directors   3 Officer and/or Director   4 City / State / Zip	Suite, Apt. #, etc. Suite, Apt. #			5. FEI Numbe			5. FEI Number				
Country	City & State			City & State		PAN-ABIN-I		59-3469523		Not Appl	icable
Title(s)   2	Zip	Co	untry	Zip		Country	1 **	E OF STATUS DESIRED [			
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City State / Zip P MAYERS, AMY S 5724 S LAGOON DR PANAMA CITY FL 3240801/30/0201053026 *****300.00 *****300.00  *****300.00 *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  ******300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *****300.00  *******300.00  *******300.00  *******300.00  *******300.00  *******300.00  ********300.00  *********300.00  **********	7. Names ar	nd Street Address	es of Each Officer ar	nd/or Director (Flo	orida nonprof	t corporations must list at	least 3 directors)				
8. Name and Address of Current Registered Agent  MAYERS, AMY S 5724 SOUTH LAGOON DRIVE PANAMA CITY BEACH FL 32408  9. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Étc.  City  State Zip Code	Title(s)	2			3				ity / Sta	te / Zip	
8. Name and Address of Current Registered Agent  MAYERS, AMY S  5724 SOUTH LAGOON DRIVE PANAMA CITY BEACH FL 32408  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State Zip Code	Р	MAYERS, AMY	S		5724 S I	AGOON DR		PANAMA CITY FL	32408		
8. Name and Address of Current Registered Agent  MAYERS, AMY S  5724 SOUTH LAGOON DRIVE PANAMA CITY BEACH FL 32408  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Étc.  City  State  Zip Code		<del></del>						-01/30/02	201	053026	<b>4</b> 0
8. Name and Address of Current Registered Agent  MAYERS, AMY S  5724 SOUTH LAGOON DRIVE PANAMA CITY BEACH FL 32408  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Étc.  City  State  Zip Code											
MAYERS, AMY S  5724 SOUTH LAGOON DRIVE PANAMA CITY BEACH FL 32408  Suite, Apt. #, Etc.  City  State   Zip Code   FL   Zip Code   The Co							among and it	HIEWEN		91-02	
MAYERS, AMY S  5724 SOUTH LAGOON DRIVE PANAMA CITY BEACH FL 32408  Suite, Apt. #, Etc.  City  State   Zip Code   FL   Zip Code   The Co											
MAYERS, AMY S  5724 SOUTH LAGOON DRIVE PANAMA CITY BEACH FL 32408  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State FL  Zip Code		8. Name and	d Address of Curre	nt Registered Ag	ent		9. Name and	Address of New Regis	stered A	gent	
5724 SOUTH LAGOON DRIVE PANAMA CITY BEACH FL 32408  Suite, Apt. #, Etc.  City  State Zip Code FL	MAYED	0 1111/0				Name					
PANAMA CITY BEACH FL 32408  Suite, Apt. #, Étc.  City  State FL  Zip Code	•										
	PANAM	IA CITY BEACH	FL 32408			Suite, Apt. #, I	itc.				
						City				Zip Code	
· · · · · · · · · · · · · · · · · · ·		appointed the regi	istered agent of the a	bove named corp	oration, am f	amiliar with and accept the	e obligations of Sec	tion 607.0505, F.S.	<u> </u>	<u></u>	

Signature of Registered Agent

REGISTA RED 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: