

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000087024**

1. Corporation Name

ABKE CORPORATION

2. Principal Office Address

3131 Hillside Ln

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Safety Harbor FL

City & State

Zip
34695

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/7/97

5. FEI Number

59-3469523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300058096263
08/01/05--01021--019 **350.00

7. Name and Address of Current Registered Agent

Name

Amy Mayers

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

3131 Hillside Ln

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

300058096263
07/01/05--60066--005 **97.00

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

Amy Mayers

REGISTERED AGENT MUST SIGN

Date

7-20-05

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
Pres	Amy Mayers	3131 Hillside Ln	Safety Harbor, FL 34695

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, 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:

Amy Mayers Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-05 727-215-5709

Date

Daytime Phone #

CR2ED01 (01/05)

*Reinstated LLC by the
same name in error - applied
same address changed
did not receive notice
to file
payer*