## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION   |
|---------------|
| •FOR•         |
| REINSTATEMENT |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

| DOCUMENT #     | P97000100728      |
|----------------|-------------------|
| DOCCIVILIA : # | - F3/ UUU 1UU/ Z0 |

1. Corporation Name

## ABRAMS DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

135 POLECAT\_LN TELLURIDE CO 81435 -135-POLECAT LN-TELLURIDE CO. 81435

SECRETARY OF STATE OF CORPOR

03 NOV 17 PM 3: 50

| If above addresses are incorrect in any way, line | through incorrect information and enter correction below. | REINVALEME   |  |
|---|---|--|--|
| New Principal Office Address, If Applicable       | New Mailing Office Address, If Applicable                 | Date Incorporated or Qualified     To Do Business in Florida | 11/26/1997   |
| Suite, Apt. #, etc. 12358-RIOGE-ROAD              | Suite, Apt. #, etc.                                       | 5. FEI Number  | Applied For  |
| City & State                                      | City & State  | 59-3479812   | Not Applicable   |
| North Pack Beach Zin 33408 - Country USA          | Norm Pain Beach Zip 33408 USA                             | 6. CERTIFICATE OF STATUS DESIRED                             | \$8.75 Additional Fee required for a Certificate of Status |
|   |   |  |  |

| Title(s) | Name of Officers and/or Directors      | Street Address of Each Officer and/or Director | City / State / Zip                                |
|----------|--|--|---|
| PVPS -   | ABRAMS, F. JOHN                        | 195 POLECAT LN. N. CAL-BEACL                   | TELLURIDE CO 81435 33408<br>Nown Pring Bosel, Fl. |
| _CFO     | ABRAMS, F. JOHN                        | 135 POLECAT LN                                 | TELLURIDE CO 81435                                |
| S        | ABLAMS F. JOhn                         | 12358 Pubé Poso                                | N. PACE BEACK F1. 33408                           |
|          |  | •  |   |
|          |  | 11/1   | 100024764319<br>17/0301103013 **150.00            |
|          |  |  |   |
|          | 8 Name and Address of Current Register | 0. 1/2   | and Address of New Pagistered Agent               |

8. Name and Address of Current Registered Agent Name and Address of New Registered Agent Albrams John WEKAR, BEVERLEY Street Address (P.O. Box Number is Not Acceptable) 123-58 RIDGE 796-92 AVENUE N-COAO Suite, Apt. #, Etc. NAPLES FL 34108 City

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-24-03

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:

261-801-2361

Dear Dept of STATE - Florion

This letter is written to veguest

a waver of the Remotetant fee. The
worker is being veguested due to the fact
that the Current Registered agant woo in
a trace automobile accident vasuably in
permanent brains damage at the time
the vegort wood due. The accident
can be confumed by her legal
areading Mileel Weller at 239-593-6373

a check for \$150000 to reinstate
this corporation. I howe inclosed
a check for \$150000 to reinstate
this corporation. I howe inclosed

John Olive