

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

99 JUN 30 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000104026

1. Corporation Name

ABN Venture Inc.

Principal Place of Business

Mailing Address

RT 1 656-1 Woodlawn Road  
Macclenny FL 32063

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		December 10, 1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3478930	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	AMIR ALI	4920 Cr Road 209 South	Green Cove Spring FL 32043
Vice President	AMIR ALI	4920 Cr Road 209 South	Green Cove Spring FL 32043
Secretary	AMIR ALI	4920 Cr Road 209 South	Green Cove Spring FL 32043
Treasurer	AMIR ALI	4920 Cr Road 209 South	Green Cove Spring FL 32043
700002930377--6 -07/13/99--01072--012 ****908.75 ****908.75			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent <b>TB</b>	
AMIR ALI 4920 County Road 209 South Green Cove Spring FL 32043		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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 Amir ali Date 6/29/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Amir ali AMIR ALI 6/29/99 (904) 259-1409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (12/98)