


2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P98000032614		
1. Entity Name FABOS, INC.		

05 SEP 23 PM 3:15

Principal Place of Business 708 WASHINGTON AVE. LEHIGH ACRES, FL 33972-4117	Mailing Address 3949 EVANS AVE #205 FORT MYERS, FL 33901
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 04-05
4. FCI Number ~~65-082876~~ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRECO, CARL 3949 EVANS AVE # 205 FORT MYERS, FL 33901	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANKE, SIEGWARD A 708 WASHINGTON AVE. LEHIGH, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLANKE-SCHOLZ, RITA B 708 WASHINGTON AVE. LEHIGH, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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09/23/05--01042--005 ***300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ Date: 9/20/05 Daytime Phone #: 239-275-7766

2072

CARL J. GRECO ACCOUNTING, INC.

3949 Evans Avenue, Suite #403
Fort Myers, Florida 33901
(239-275-7766)
(239-275-9150 Fax)

MICHAEL V. GRECO

CARL J. GRECO

September 20, 2005

TO: State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

REF: FABOS, INC.

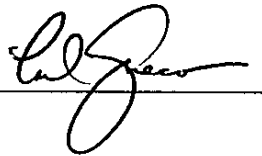
Dear Ladies & Gentlemen:

Please take the necessary steps to reinstatement the above corporation. Mr. & Mrs. Blanke are German citizens and have been out of the country for many months now. Please process the enclosed paperwork and soon as possible.

Please notify my accounting office, at the above address is you have any questions related to FABOS, INC.

Thank you for your cooperation in this matter.

CARL GRECO



SIEGWARD BLANKE

