

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 3:35

DOCUMENT # P98000040240

1. Corporation Name

ABM CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

773 WESLEY RD.
TARPON SPRINGS FL 34689

773 WESLEY RD.
TARPON SPRINGS FL 34689



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3508414

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
D	MOZDZER, RICHARD	773 WESLEY RD.	TARPON SPRINGS FL 34689
D	MOZDZER, WENDY B	773 WESLEY RD.	TARPON SPRINGS FL 34689

8. Name and Address of Current Registered Agent

METCALF, DAVID J
2066 THOMASVILLE RD.
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name
RICHARD MOZDZER
Street Address (P.O. Box Number is Not Acceptable)
773 WESLEY AVE.
Suite, Apt. #, Etc.
City
TARPON SPRINGS
State
FL
Zip Code
34689

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/18/00

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.

AD

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD MOZDZER PRES

Date

10/18/00 727-409-0253

Daytime Phone #

A.B.M. Construction, Inc.
773 Wesley Avenue, Tarpon Springs, FL 34689
(727) 937-8789

October 18, 2000

Stacy Prather
Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

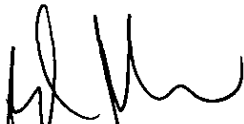
Dear Ms. Prather:

As per our conversations of October 12th and October 18th, I am enclosing the \$150.00 fee as well as \$8.75 for the certificate of status.

A.B.M. had never received the original form nor the second notices as mentioned, henceforth the lack if timely filing.

Thank you for your help and cooperation

Sincerely,



Richard J. Mozdzer
President