

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P48000040240

1. Corporation Name

ABM Construction, Inc

REINSTATEMENT 03

600024489876
11/06/03--01054--007 **758.75

2. Principal Office Address

3701 W. Int'l Speedway Bl
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Zip 32124 Country USA

Zip — Country —

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/98

5. FEI Number

59-3508414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard Mozdzer

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

4988 Old Blue Ridge Rd

Suite, Apt. #, Etc.

City

Edgewater FL 32141

State
FL

Zip Code

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

Date 11/5/03

REGISTERED AGENT MUST SIGN

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 |
|----------|--------------------------------------|---|----------------------------|
| <u>D</u> | <u>MOZDZER, RICHARD</u> | <u>4988 OLD BLUE RIDGE Rd</u> | <u>Edgewater, FL 32141</u> |
| <u>D</u> | <u>MOZDZER, WENDY B.</u> | <u>4988 Old Blue Ridge Rd</u> | <u>Edgewater, FL 32141</u> |
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/03

Date

(727) 409-0253

Daytime Phone #

CR2ED01 (10/02)