

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 4:35

DOCUMENT # P98000048400

1. Corporation Name

AABEST INC. P.O. Box 593257

Principal Place of Business

Mailing Address

ORLANDO FL.
32859

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

21 N. TAMPA AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3512573

Applied For

Not Applicable

City & State
ORLANDO FL.

City & State

Zip

32805

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	GARY ABEL	11859 HATCHER CIR	ORLANDO 32824
Treas	RONY LOUIS	1503 32 ST.	ORLANDO 32859
Sec	MIGUEL SAINT-HILAIRE	5153 PINE HILLS	ORLANDO 32801
Cons.	LAURENT BIER-AIME	6163 ROB BURG AVE	ORLANDO 32859
Cons.	JEAN SIMON BIER-AIME	SAME	ORLANDO 32859

8. Name and Address of Current Registered Agent

GARY ABEL
11859 HATCHER CIR
ORLANDO FL. 32824

9. Name and Address of Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

GARY ABEL

REGISTERED AGENT MUST SIGN

Date 10-07-99

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:

GARY ABEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-07-99

Date

Daytime Phone #

AD

407-648-1534