PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 PM 12:54

DOCUMENT # P98000048900

1. Corporation Name
Able Services, Inc.

REINSTATEMENT 01

2. Principal Office Address	**3.** Mailing Office Address
30750 US Hwy 19 North	30750 US Hwy 19 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34684 Country: USA	Zip: 34684 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 6/2/98

5. FEI Number 59-3568550 ☐ 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: David Lamont

700004655337--9
-10/26/01--01067--024
****758.75 ****58.75

Street Address (P.O. Box Number is Not Acceptable): 30750 U.S. Hwy 19 North

Suite, Apt. #, Etc.

City: Palm Harbor | State: FL | Zip Code: 34684

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 _____ REGISTERED AGENT MUST SIGN Date 10-9-01

CR2E081 (9/00)

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
P/VD S/D T/D	Anne Mongelluzzi	30750 US Hwy 19 North	Palm Harbor, FL 34684
			AD

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: _____ Anne Mongelluzzi 10-9-01 (727) 771-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #