

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

00 OCT 12 PM 1:37

DOCUMENT # **P99000057591**

1. Corporation Name

ABREO, INC.

2. Principal Office Address

20283 State Road 7

Suite, Apt. #, etc.

Suite 300

City & State

Boca Raton, Florida

Zip

33498

Country

USA

3. Mailing Office Address

5595 S. Highway A1A

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

Zip

32951

Country

USA

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

6/23/99

5. FEI Number

65-0927610

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

Andrew B. Blasi, P.A.

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

20283 State Road 7

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton

900008434423-2

-10/23/00--01016--005

******750.00 ****750.00**

FL 33498

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

Andrew B. Blasi

REGISTERED AGENT MUST SIGN

Date **10/10/2000**

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/S/D | Andrew B. Blasi | 20283 State Road 7 #300 | Boca Raton, FL 33498 |
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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:

Andrew B. Blasi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2000

Date

561-483-8700

Daytime Phone #