

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000074295**

1. Corporation Name

ABC FRAGO, INC.

Principal Place of Business

**8205 W. 20TH AVE.
HIALEAH FL 33014**

Mailing Address

**8205 W. 20TH AVE.
HIALEAH FL 33014**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**ABC School Supply
P.O. Box 100019
Duluth, GA
30096 USA**

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1999

5. FEI Number

65-0942733

Applied For

Not Applicable

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	City, State, Zip
P	GUTMANON, MARK	8205 W. 29TH AVE.	HIALEAH FL 33014
VPS	GRANT, BRUCE M	3312 N. BERKELEY LAKE RD.	DULUTH GA 30096
BM	ANDERSON, CARL G	3312 N. BERKELEY LAKE RD.	DULUTH GA 30096
BM	STRACKBEIN, RONALD G	1055 WASHINGTON BLVD., BOX 9, 5T	STAMFORD CT 06901
BM	NINER, RICHARD T	1055 WASHINGTON BLVD., BOX 9, 5T	STAMFORD CT 06901

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/01 770-497-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 20 PM 5:33



CR2E040 (8/01)



Where Education Meets Imagination

November 15, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This is a request to reinstate the Corporation name ABC-Draco, document # P99000074295 due to none receipt of the 2001 annual report. We are enclosing the reinstatement application along with a payment of \$150.

Please let me know if you will need any additional information to resolve this matter.

Thank you in advance for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melinda J. Dawson'.

Melinda J. Dawson

Accounting Manager

abc school supply

3312 North Berkeley Lake Road • P.O. Box 100019, Duluth, GA 30096-9419

Phone: (770) 497-0001 (800) 669-4222 • Fax: (770) 497-1405 (800) 933-2987

<http://www.abcschoolsupply.com>