

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000103260

1. Corporation Name

ABL OF JAX, INC.

Principal Place of Business

2821 ORLANDO DR., STE. 142
SANFORD FL 32773

Mailing Address

P.O. BOX 5357
DELTONA FL 32728

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1999

SP

5. FEI Number

59-3610163

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SMITH, STANLEE J	2921 ORLANDO DR., STE. 142	SANFORD FL 32773
VS	SMITH, BLANCHE E	2921 ORLANDO DR., STE. 142	SANFORD FL 32773
			700003456377-8 -11/07/00-01134-028 *****750.00 *****750.00
			700003456377-8 -11/07/00-01134-029 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

SMITH, STANLEE J
2921 ORLANDO DR., STE. 142
SANFORD FL 32773

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

Date

10-20-00

REGISTERED AGENT MUST SIGN

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 #

Stan Smith, 5325

10-20-00

1178

407-324-