

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



500024080085
10/24/03--01019--027 **150.00

DOCUMENT # **P99000103260**

1. Corporation Name

ABL OF JAX, INC.

Principal Place of Business

Mailing Address

2921 ORLANDO DR. STE. 220
SANFORD FL 32773

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3610163

Applied For

Not Applicable

City & State

City & State

Zip

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SMITH, BLANCHE	2251 CELERY AVE	SANFORD FL 32771

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, DAVID
795 COLTRA LN
DELTONA FL 32725

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-21-03

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 #

Blanche E. Smith 10-21-03 64-22

CR2E040 (7/03)

ABL OF JAX, INC.

2921 Orlando Dr. Suite 220 Sanford, FL 32773

Post Office Box 5357 * Deltona, Florida 32728

Phone: (407) 324-1178, Fax: (407) 324-4613

October 22, 2003

Division of Corporations
Annual Report/Reinstatement Division
P O BOX 6327
TALLAHASSEE, FL 32314-6327

Re: Corporate renewal

To Whom It May Concern:

WE did not receive the prior UBR notice for our renewal. Enclosed you will find the renewal application and the check for \$150,000, you may reach me on my cell at 407-832-6422, with any questions.

Thank you for your time and help,

A handwritten signature in cursive script, appearing to read "Blanche Smith".

Blanche Smith, President