

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

①

1997 NOV 20 11 12 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S14285

1. Corporation Name

A.B.S. CYCLE, INC.

Principal Place of Business

**2912 N. STATE RD. 7
MARGATE FL 33063**

Mailing Address

**2912 N. STATE RD. 7
MARGATE FL 33063**

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1990

5. FEI Number

65-0228971

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	EFFRON, LEONARD	2912 N. STATE RD. 7	MARGATE FL

**900002354829--1
-11/21/97--01120--007
****165.00 ****165.00**

*168
11/20/97*

8. Name and Address of Current Registered Agent

**WILLNER, WILLIAM
8581 W. MCNAB ROAD
SUITE 117
TAMARAC FL 33321**

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. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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

11/13/97
Date

Daytime Phone #

CR2040 (8/97)

(2)

FRENCHIES CYCLE SHOP
2912 N. STATE ROAD 7
MARGATE, FL 33063
(305) 974-5340

November 14, 1997

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

Gentlemen,

We received the enclosed Application for Reinstatement and were very surprised; shocked would be a better descriptions.

We never received the original form. If we had we certainly would have returned it signed and with the appropriate fee. It was never our intention to either flout the law or have the corporation involuntarily terminated.

We have been in business for seven years and we always responded to the report form timely. We are asking for an abatement of the penalties asked of us.

We are enclosing our check in the amount of \$165.00 and hope that you will be kind enough to cancel the penalties.

Sincerely,



Leonard Effron, President