

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 12 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S57945

1. Corporation Name

The Abilene Corporation

2. Principal Office Address

3495 SW 9th Avenue

3. Mailing Office Address

3495 SW 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33315

Country

USA

Zip

33315

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/7/91

5. FEI Number

650315551

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

Blanca Garcia

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

3495 S.W. 9th Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale, FL

State

FL

Zip Code

33315

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

Blanca G. Garcia

Blanca Garcia

Date 4-3-01

REGISTERED AGENT MUST SIGN

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
D P	Andres Finol	3495 S.W. 9th Avenue	Ft. Lauderdale, FL 33315
VP S	Blanca Garcia	3495 S.W. 9th Avenue	Ft. Lauderdale, FL 33315
Asst. ASec.	Jennifer Shaw	1401 University Dr. #301	Coral Springs, FL 33071
		REINSTATEMENT 98-01178	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

Date

954-755-9880

Daytime Phone #

CR2E081 (9/00)