

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 FEB 13 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V04958

1. Entity Name
F & D ABAD ENTERPRISE INC.



Principal Place of Business

20 SEASHORE DR.
PENSACOLA, FL 32501 US

Mailing Address

20 SEASHORE DR.
PENSACOLA, FL 32501 US

2. Principal Place of Business

7201 DRUMER ST.
Suite, Apt. #, etc.

3. Mailing Address

20 SEASHORE DR.
Suite, Apt. #, etc.



REINSTATEMENT

(11/05)

05-06

City & State

PENSACOLA, FLORIDA

City & State

PENSACOLA BEACH, FL

4. FEI Number

59-3101310

Applied For

Not Applicable

Zip

32526

Country

USA

Zip

32561

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABAD, FRANCISCO
20 SEASHORE DR
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name

SAME

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

20 SEASHORE DRIVE

City

PENSACOLA BEACH FL

Zip Code

32561

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Francisco Abad

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 8, 2006

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ABAD, FRANCISCO	
STREET ADDRESS	20 SEASHORE DR	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ABAD, DOLORA S.	
STREET ADDRESS	20 SEASHORE DR.	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	ABAD, FE DELILAH	
STREET ADDRESS	1118 PREAKNESS DR	
CITY-ST-ZIP	ALPHARETTA, GA 30022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20 SEASHORE DRIVE	
STREET ADDRESS	PENSACOLA BEACH, FL 32561	
CITY-ST-ZIP		
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20 SEASHORE DR	
STREET ADDRESS	PENSACOLA BEACH, FL 32561	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

400066250874
02/21/06--01010--013 **300.00

K. Ekel FEB 14 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Francisco Abad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 8, 2006

850-712-0930