

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 108211

1. Corporation Name

Abaco Partners, Inc.

Principal Place of Business

Mailing Address

107 Bayview Isle Drive
Islamorada, FL 33036

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

January 22, 1992

5. FEI Number

65-0329922

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
P	John Grode	107 Bayview Isle Drive	Islamorada, FL 33036

8. Name and Address of Current Registered Agent

John Grode
107 Bayview Isle Drive
Islamorada, FL 33036

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

11/17/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

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

Date

Daytime Phone #

11/17/97 3056649947

CP2000 (12/95)

APPROVED AND FILED

97 DEC -2 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/08/97--01139--012
****965.00 ****965.00

**Abaco Partners, Inc.
107 Bayview Isle Drive
Islamorada, FL 33036**

November 13, 1997

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

Re: EIN# 65-0329922, VO8211

Dear Sirs:

Enclosed is my application for reinstatement along with a check in the amount of \$965.00. I have moved several times and relocated my business throughout the past few years. I did not receive the annual report forms and was unaware that I had to file a corporate annual report. Kindly abate all penalties for late filing.

Should you have any questions do not hesitate to contact me at: (305)664-9947.