PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 JAN 31 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V66203

1 Corporation Name
A.B.D. of Orlando, Inc.

Principal Place of Business
3348 Edgewater Dr.
Orlando, Florida,32804

Mailing Address
same as Business

REINSTATEMENT 96+97
MWB
DO NOT WRITE IN THIS SPACE

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 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

5. FEI Number ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
pres.	R.G. Meers	1118 Black Acre Ct. N.	Winter Springs, Fla 32708
V.P	Karen Meers	1118 Black Acre Ct. N.	Winter Springs, Fla. 32708
Sec.	Steve Meers	1118 Black Acre Ct. N.	Winter Springs, Fla. 21708
Trea.	Amy Meers	1118 Black Acre Ct. N.	Winter Springs, Fla. 32708
			100002077451--0 -02/04/97--01171--013 ****923.75 ****923.75

8. Name and Address of Current Registered Agent

Ken Jones
3348 Edgewater Dr.
Orlando, Fla. 32708

9. Name and Address of New Registered Agent

Name R. G. Meers
Street Address (P.O. Box Number is Not Acceptable)
3348 Edgewater Drive
Suite, Apt. #, Etc.
City Orlando State FL Zip Code 32804

CR2E040 (12-95)

10 I, being appointed this registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 1/30/97
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

R. G. Meers 1/30/97 President