

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

96 DEC 10 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 219756

1 Corporation Name  
E.A.B., INC.

Principal Place of Business 1488 NORTHRIDGE DR. P.O. BOX 520549 LONGWOOD FL 32752-7549	Mailing Address 1488 NORTHRIDGE DR. P.O. BOX 520549 LONGWOOD FL 32752-7549
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REINSTATEMENT

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		4. Date Incorporated or Qualified To Do Business in Florida 01/30/1959	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-0863747	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	ABRAMS, EVERETT, JR.	1488 NORTHRIDGE DR.	LONGWOOD FL
S	ABRAMS, NINA	1488 NORTHRIDGE DR.	LONGWOOD FL
			7000020280 77--5 -12/12/96--01109--009 ****375.00 ****375.00
			JB12-11-96

8. Name and Address of Current Registered Agent ABRAMS, EVERETT, JR. 1488 NORTHRIDGE DR. LONGWOOD FL 32750		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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: *Everett Abrams Jr.* REGISTERED AGENT MUST SIGN Date: 12-5-1996

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)(f), 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: *Everett Abrams Jr.* EVERETT ABRAMS JR. 12-5-96 (407) 339-7885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E940 (7/96)