

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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**CORPORATION REINSTATEMENT
ABC CUTTING CONTRACTORS OF ATLANTA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

\$450.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>CORPORATION REINSTATEMENT</p>		 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>																					
<p>DOCUMENT # 597036</p> <p>1. Corporation Name: ABC Cutting Contractors of Atlanta, Inc.</p>																							
<p>2. Principal Office Address - No P.O. Box # 4864 Clark Howell Hwy</p>		<p>3. Mailing Office Address 4864 Clark Howell Hwy</p>																					
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>																					
<p>City & State Atlanta, GA</p>		<p>City & State Atlanta, GA</p>																					
<p>Zip 30349</p>	<p>Country USA</p>	<p>Zip 30349</p>	<p>Country USA</p>																				
<p>4. Date Incorporated or Qualified To Do Business in Florida: 12/12/1978</p>		<p>5. FEI Number: 59-1732467</p>																					
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>		<p>Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/></p>																					
<p>7. Name and Address of Current Registered Agent</p> <p>Name: Andy Lavin, Esq.</p> <p>Street Address (P.O. Box Number is Not Acceptable): 2699 Stirling Road</p> <p>Suite, Apt. #, Etc.: Suite B-100</p> <p>City: Fort Lauderdale, State: FL, Zip Code: 33312</p>																							
<p>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.</p> <p>Signature of Registered Agent: <i>Andrew Lavin</i> Date: 3/9/2010</p> <p>REGISTERED AGENT MUST SIGN.</p>																							
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)</p> <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>V</td> <td>Storm, Dennis</td> <td>4864 Clark Howell Hwy</td> <td>College Park, GA 30349</td> </tr> <tr> <td>S</td> <td>Fuller, Sandra</td> <td>4864 Clark Howell Hwy</td> <td>College Park, GA 30349</td> </tr> <tr> <td>PD</td> <td>McCoy, Terry</td> <td>4864 Clark Howell Hwy</td> <td>College Park, GA 30349</td> </tr> <tr> <td>T</td> <td>Chauneey-Lance, Kellie</td> <td>4864 Clark Howell Hwy</td> <td>College Park, GA 30349</td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	V	Storm, Dennis	4864 Clark Howell Hwy	College Park, GA 30349	S	Fuller, Sandra	4864 Clark Howell Hwy	College Park, GA 30349	PD	McCoy, Terry	4864 Clark Howell Hwy	College Park, GA 30349	T	Chauneey-Lance, Kellie	4864 Clark Howell Hwy	College Park, GA 30349
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<p>REINSTATEMENT RH</p>																							
<p>10. E-mail Address: molmetad@navoniavin.com (To be used for future annual report notification)</p>																							
<p>11. 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 withdrawn, 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, I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: <i>Dennis M Storm</i> Form 3-08-2010 404-768-0765</p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																							

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/1978

5. FEI Number: 59-1732467

6. CERTIFICATE OF STATUS DESIRED

Applied For:
Not Applicable:

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

10. E-mail Address: molmetad@navoniavin.com (To be used for future annual report notification)

11. 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 withdrawn, 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, I further certify, 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: *Dennis M Storm* Form 3-08-2010 404-768-0765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #