

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92984**

1. Corporation Name

A.B.A. INDUSTRIES, INC.

Principal Place of Business

Mailing Address

382 CIRCLE FREEWAY DR.
CINCINNATI OH 45253
US

382 CIRCLE FREEWAY DR.
CINCINNATI OH 45253
US

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

08/02/1982

5. FEI Number

59-0914814
~~23-1932238~~

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	4 City / State / Zip
P, D	COOK, ALVIN E	10260 U.S. HWY. 19 N. 189 Container Place	PINELLAS PARK FL 33782 Cincinnati, OH 45246
D	LABBE, GILLES	755 THURBER STREET Suite 658 1111 Saint-Charles St. West	LONGUEIL, QUEBEC CA J4K 5G4
D	BELANGER, REAL	755 THURBER Suite 658 1111 Saint-Charles St. West	LONGUEUIL, QUEBEC, CA J4K 5G4
TS	TREHY, GAIL J Filipowski, David M.	10260 US HWY 19 N 382 Circle Freeway Dr.	PINELLAS PARK FL 33776 Cincinnati, OH 45246
D VP	REYNOLDS, CHRISTOPHER Cook, David A.	10260 US HWY 19 N 189 Container Pl.	PINELLAS PARK FL 33776 Cincinnati, OH 45246
VP, S	BARNES, STEVEN BARNES, STEPHEN E	10260 US HWY 19 N 382 Circle Freeway Dr.	PINELLAS PARK FL 33776 Cincinnati, OH 45246

8. Name and Address of Current Registered Agent

MACFARLANE, ELLEN M
400 N. TAMPA STREET, SUITE 2300
TAMPA FL 33602

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

7800924528717
11/10/03--01007--008 **750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0595, F.S.

REINSTATEMENT 03

Signature of Registered Agent

Ellen M Macfarlane
REGISTERED AGENT MUST SIGN

Date

11/3/03

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 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:

Stephen E Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen E. Barnes

Date

Daytime Phone #

11/3/03

513-942-5710

CR2E040 (7/03)