

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR 13 PM 3: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L89508**

1. Corporation Name

**FAB-DI-MAR, INC**

2. Principal Office Address - No P.O. Box #  
11281 43RD STREET NORTH

3. Mailing Office Address  
11281 43RD STREET NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CLEARWATER, FL

City & State  
CLEARWATER, FL

Zip Country  
33762 USA

Zip Country  
33762 USA

4. Date Incorporated or Qualified To Do Business in Florida 7/18/1990

5. FEI Number  
593028251

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
JAMES K ALLBRITTEN

Street Address (P.O. Box Number is Not Acceptable)  
11281 43RD STREET NORTH

Suite, Apt. #, Etc.

City  
CLEARWATER

State Zip Code  
FL 33762

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.

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.

Signature of Registered Agent

Date 4/8/2009

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAMES K ALLBRITTEN	11281 43RD STREET NORTH	CLEARWATER, FL. 33762
V	RICHARD J FABRIZI SR	11281 43RD STREET NORTH	CLEARWATER, FL. 33762

10. 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 contained in Chapter 119, 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

4/8/09

Date

722-577-2468

Daytime Phone #