

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 28 PM 3:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F99000001651

1. Corporation Name

AMERICAN BUREAU OF COLLECTIONS, INC.

Principal Place of Business

Mailing Address

1100 MAIN STREET
BUFFALO NY 14209

1100 MAIN STREET
BUFFALO NY 14209

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

03/29/1999

5. FEI Number

16-1390185

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

00

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
CVPS	HERER, HARVEY L	3802 CAPTAINS WAY 169 Regatta Dr	JUPITER FL 33477
VCD	HERER, DAVID L	1100 MAIN STREET 65 Middlesex Rd	BUFFALO NY 14209-14216
D	SHUMAN, IRVING	164 DON TROY	WILLIAMSVILLE NY 14221
D	Levy, Jordan	58 The Hamlet	East Amherst, NY 14061
D	Zemsky, Howard	181 Morris Avenue	Buffalo, NY 14214

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

300003523938--5

-01/04/01--01102--015

****750-00 ****750-00

FL

State Zip Code

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 Luann Davis / asst reg
REGISTERED AGENT MUST SIGN

Date 12/14/00

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.

KE

SIGNATURE:

Luann Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10/00

Date

Daytime Phone #

Luann Davis CEO

CR2E040 (8/70)