PLE	ĄSĘ READ ALL INS	TRUCT ONS	BEFORE C	COMPLET	ING THIS FORM.	110
APPLICATION FUN REINSTATEMEN		A DÉPARTMENT AND MAINTEAN OF CORPOR	O STATE		FILED	0
DOCUMENT # P0100000310				01 NOV 13 AM 10: 35		
1. Corporation Name ABA ALL INSURANCE, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Add	ress	. •		N. M. S. C.	****
7941 SOUTHGATE BLVD #A-10 NORTH LAUDERDALE FL 33068	GATE BLVD #A-10 DERDALE FL 33068					
If above addresses are incorred 2. New Principal Office Address 3.8 19 N. G. nd Y.		nformation and enter ling Office Address, If	Applicable	4. Date incorp	porated or Qualified ness in Florida	
Suite, Apt. #, etc.	etc5-FEI Numb			12/	15/2000 Applied For-	
Zip Coun	rK , FI Ca^{8} KI Ca^{1} $Ca^$	ind Pant		6. CERTIFICATI		Not Applicable Additional Fee required a Certificate of Status
<u> </u>	of Each Officer and/or Director (Fic			st 3 directors)		
	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
PD RODRIGUEZ, VIC	RODRIGUEZ, VICTOR G		7941 SOUTHGATE BLVD		NO LAUDERDALE FL 33068	
PD RODRIGUEZ, VIC	RODRIGUEZ, VICTOR G		7941 SOUTHGATE BLVD		NO LAUDERDALE FL 33068	
STD CRESPO-VILLACI	CRESPO-VILLACIS, DESSIREE		7941 SOUTHGATE BLVD		NO LAUDERDALE FL 33068	
VPD* Norma	Villaa's - Rodercu	EZ. 7941	SouthGal	E Blud.	North Lauder	dale Flasco
						SP
			1			
Name and Address of Current Registered Agent Name				9. Name and	Address of New Registered A	jent
RODRIGUEZ, VICTOR G 7941 SOUTHGATE BLVD NORTH LAUDERDALE FL	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc12/04/0101065018 ****158.75 City Street Address (P.O. Box Number is Not Acceptable) ****158.75 State Zip Code 75					
رُ اللهِ	red agent of the above named cons	oration, am familiar wi		oligations of Secti),

SIGNATURE:

REGISTERED AGENT MUST SIGN

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 filling 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.

14-01 (954) 567-050

ABA ALL INSURANCE, INC. 3819 North Andrews Avenue Oakland Park, Florida 33309 phono: (954) 567 05 01

November 1st, 2001

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 Tallahassee, Fl 32314

Reg.: DOCUMENT # PO1000000310

Dear Sir/Madame:

On January 2001, we received the document approving the Corporation, We have not received any report or other correspondence concerning the Annual Report until October 25, 2001 when we received the Notice of Administration Dissolutions or Revocation. We suspect that the post office did not deliver the prior correspondence because we initially used our home address.

At this time we have knowledge of the annual report. This Company has been structured for a few months. Being approved on December 15, 2000. Openned for business on September 2001 and obtaining the Occupational License from the City of Oakland Park since August 8, 2001.

We ask of you to excuse our lack of knowledge and our lack or informations we have in this matter. Be assured, had we known about the matter, we would have proceede according to the Law.

We request an abatement in this matter.

Enclosed is document No. PO1000000310 appropriately revised and signed along with the Check No.1066, for \$ 158.75.

Thank you for your attention and prompt responce. Sincerely,

VICTOR G. RODRIGUEŽ,