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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 01000072877					
1. Corporation Name ABCO APPLIANCE REPAIR INC.					
2. Principal Office Address 4531 MARINERS COVE DR. Suite, Apt. #, etc.			3. Mailing Office Address 4531 MARINERS COVE DR. Suite, Apt. #, etc.		
City & State WELLINGTON FL Zip 33467 Country USA			City & State WELLINGTON FL Zip 33467 Country USA		
			4. Date Incorporated or Qualified To Do Business in Florida 7-24-2001		
			5. FEI Number 65-1125966		Applied For Not Applicable
			6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent					
Name JEFFREY HIMELFARB					
Street Address (P.O. Box Number is Not Acceptable) 4531 MARINERS COVE DR.					
Suite, Apt. #, Etc.					
City WELLINGTON				State FL	Zip Code 33467
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 <u>Jeffrey Himelfarb</u> Date <u>7-5-2004</u>					
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	
PRES	JEFFREY HIMELFARB	4531 MARINERS COVE DR.		WELLINGTON FL 33467	
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 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: <u>Jeffrey Himelfarb</u> Date <u>7-5-2004</u> Daytime Phone # <u>561-577-8864</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT
\$300.00
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CR2E081 (01/04)

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DOMINICK J. ROSA-ACCOUNTANT/CONSULTANT



112 BAYVIEW ROAD MANHASSET NY 11030◆ USA

Phone 516-365-8433 ◆ Fax 516-869-1345 ◆ Home Phone 516-869-6247 ◆ Email CUPIE@DATATONE.COM

07/05/2004

Dept. Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attn: Reinstatement

To Whom It May Concern,

With reference to the enclosed Corporation Reinstatement for my client Abco Appliance Repair Inc. Please be advised that neither my client or me received the forms for filing for 2003 and 2004. As such I respectfully request an abatement for the penalties for late filing for both years, enclosed please find the filing fee of \$300.00 for both years. Any questions please call or write. Thank you for your attention to this matter.

Yours Truly,



Dominick J. Rosa
Accountant