

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 NOV 10 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080450

1. Corporation Name

A B SPECIAL BUSINESS SERVICES, INC

2. Principal Office Address

5951 NW 201 ST LN

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33015

Country

MIAMI-DADE

3. Mailing Office Address

5951 NW 201 ST LN

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33015

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/02

5. FEI Number

03-0476066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

600024941306
11/24/03-01010-006 **750.00

7. Name and Address of Current Registered Agent

Name

BENITEZ ANTOLIN

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

5951 NW 201 ST LN

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date 10/28/2003

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
PSD	BENITEZ ANTOLIN	5951 NW 201 ST LN	MIAMI, FL 33015

REINSTATED
10/28/03
TS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/2003

Date

(305) 491.0379

Daytime Phone #