Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
ABSOLUTELY SOUTH BAY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,200.00~~

$600.00

Electronic Filing Menu Corporate Filing Menu Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN -7 PM 1:56

KS

DOCUMENT # P04000041247

1. Corporation Name
ABSOLUTELY SOUTH BAY, INC.

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
757 SE 17TH STREET	757 SE 17TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1084	1084
City & State	City & State
FORT LAUDERDALE, FL	FORT LAUDERDALE, FL
Zip / Country	Zip / Country
33316 / USA	33316 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/05/2004

5. FEI Number: 141903889 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road #221E

Suite, Apt. #, Etc.

City: Palm Beach Gardens | State: FL | Zip Code: 33410

☑ 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 617.0303, F.S.

Signature of Registered Agent: Diana Urrego — Diana Urrego, Special Secretary — Date: 1/5/2010

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	EARL D.ISHBIA	4406 SOUTH BAY	ORCHARD LAKE MI 48323
S	JASON D ISHBIA	4406 SOUTH BAY	ORCHARD LAKE MI 48323

10. E-mail Address: diana.urrego@corpcreations.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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: Earl D. Ishbia — EARL D. ISHBIA — 1-6-10 — 713 303 2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #