

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 10 PM 2:23

DOCUMENT # P04000075063

1. Corporation Name

ABEM STONE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400084092904
01/12/07--01003--008 **458.75

REINSTATEMENT 05-07
CR2E081 (12/05)

2. Principal Office Address

1241 COLUMBIA ST
Suite, Apt. #, etc.

3. Mailing Office Address

14599 QUAIL TRAIL CIRCLE
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

4. Date Incorporated or Qualified To Do Business in Florida

05/10/2004

5. FEI Number

43-2060643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BAYARMUNKH NATSAGDORJ

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

14599 QUAIL TRAIL CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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

Date

1-4-2007

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
<u>P</u>	<u>BAYARMUNKH NATSAGDORJ</u>	<u>14599 QUAIL TRAIL CIR</u>	<u>ORLANDO FL 32837</u>

JC 1/10

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 contained in Chapter 119, 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:

BAYARMUNKH NATSAGDORJ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2007

Date

(407) 484-0951

Daytime Phone #

2072

ABEM STONE, INC
14599 QUAIL TRAIL CIRCLE
ORLANDO, FL 32837

January 4, 2007

Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

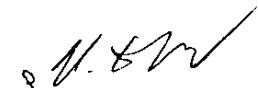
To Whom It May Concern:

RE: Annual report

I, Bayarmunkh Natsagdorj as president of Abem Stone, Inc. (Document Number P04000075063), certify that I did not previously receive the annual report notices in Year 2005 or subsequent years and due to this reason respectfully request to have the reinstatement fee waived. I am including annual report and supplemental fees for years 2005, 2006 and 2007.

Thank you in advance for you assistance.

Respectfully yours,



Bayarmunkh Natsagdorj