

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC -8 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000133174

1. Corporation Name

ABA 26 Management Corp

800163425138  
12/08/09--01019--008 \*\*1650.00

2. Principal Office Address - No P.O. Box #

300 W 41st Street

Suite, Apt. #, etc.

202

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

300 W 41st Street

Suite, Apt. #, etc.

202

City & State

Miami Beach, FL

Zip

33140

Country

USA

**REINSTATEMENT** 08-09

4. Date Incorporated or Qualified

To Do Business in Florida 09/28/2005

5. FEI Number

20-3602942

☐ 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

Abbey Berkowitz

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

300 W 41st Street

Suite, Apt. #, Etc

202

City

Miami Beach

State

FL

Zip Code

33140

☐ 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 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/7/2009

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
D	Abbey Berkowitz	4434 North Bay Rd	Miami Beach, FL 33140
D	Hector Aragon	4434 North Bay Rd	Miami Beach, FL 33140
D			

10. E-mail Address:

(To be used for future annual report notification)

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #