

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000111263 1. Entity Name ABE'S HOME IMPROVEMENT INC.			FILED 07 DEC 24 PM 1:00 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3777 W. VALLEY GREEN DRIVE DAVIE, FL 33328 <i>6660 SW 11 St. Plantation, FL 33317</i>		Mailing Address 3777 W. VALLEY GREEN DRIVE DAVIE, FL 33328 <i>6660 SW 11 Street Plantation, FL 33317</i>	
2. Principal Place of Business - No P.O. Box # 6660 SW 11 St. Suite, Apt. #, etc.		3. Mailing Address 6660 SW 11 St. Suite, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33317		Zip 33317	
Country USA		Country USA	
6. Name and Address of Current Registered Agent HAICK, ABRAHAM D 3777 W. VALLEY GREEN DRIVE DAVIE, FL 33328		7. Name and Address of New Registered Agent Name: <i>Haick, Abraham D.</i> <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) <i>6660 SW 11 Street</i> City: <i>Plantation</i> FL Zip Code: <i>33317</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: HAICK, ABRAHAM D STREET ADDRESS: 3777 W. VALLEY GREEN DRIVE CITY-ST-ZIP: DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE: <i>200113345032</i> NAME: <i>12/21/07--01028--004 **150.00</i> STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: <i>12-13-07</i> 954 802 6724	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	