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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

06 MAY -5 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000038667

1. Corporation Name

AMERICAN BUSINESS LINES INC.

800075271638
05/25/06--01019--002 **608.75

CR2E081 (12/05)

2. Principal Office Address
8582 N.W. 70th. Street

3. Mailing Office Address
8582 N.W. 70th. Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. Date Incorporated or Qualified
To Do Business in Florida **05/28/1993**

5. FEI Number
650414134

Applied For
 Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Oscar Cedeno

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

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33166

B 5/11/04
03-06
REINSTATEMENT

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 **04/28/2006**

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
P	Oscar Cedeno	556 South Dr.	Miami Springs, FL, 33166
V/S	Martha A. Cedeno	556 South Dr.	Miami Springs, FL, 33166
D	Martha D. Cedeno	556 South Dr.	Miami Springs, FL, 33166

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:

Oscar Cedeno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2006

Date

305-592-7640

Daytime Phone #

P. J. C. R.

AMERICAN BUSINESS LINES INC.

8582 N.W. 70TH. Street, Miami, Fl 33166
Phone 305-592-7640, Fax. 305-591-9993
E-mail american @ambuse.com

April 28, 2006

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

RE: Document P98000038667

Gentlemen:

For your information we never had received the annual report notice for the year 2003, which was the year of dissolution.
If you have any question regarding to this matter, please do not hesitate to contact our office.

Sincerely yours



Oscar Cedeño

President