

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 21 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9600003062

1. Corporation Name

A B R INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

422 ESPANOLA WAY, MIAMI BEACH, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

6-10-96

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

65-0862093

Applied For

Not Applied

City & State

City & State

Zip

County

Zip

County

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CLEUZA DIAZ RIVEIRO	10350 W BAY HARBOR DR.	BAY HARBOR, FL 33154

900002648259--7
-09/24/98--01078--001
315.00--315.00

B 9/23 97-98 ARZ

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLEUZA DIAZ RIVEIRO
10350 W BAY HARBOR DR.
BAY HARBOR, FL 33154

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

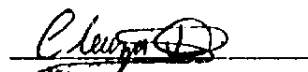
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

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Per instructions from Division Of Corporations, I am attaching a check in the amount of \$315.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **A B R INTERNATIONAL, INC.**

Thank you for your courtesy in this matter.



CLEUZA DIAZ RIVEIRO
President