


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		JUN 30 11 09:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
APPLICATION FOR REINSTATEMENT		DOCUMENT # <u>PA70DD104022</u>		
1. Corporation Name <u>ABN Venture Inc.</u>				
Principal Place of Business <u>RT 1 656-1 Woodlawn Road</u> <u>Macclenny FL 32063</u>		Mailing Address (Empty)		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <u>December 10, 1997</u>
				5. FEI Number <u>59-3478930</u>
				Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
1	2	3	4	
President	AMIR ALI	4920 Cr Road 209 South	Green Cove Spring FL 32043	
Vice President	AMIR ALI	4920 Cr Road 209 South	Green Cove Spring FL 32043	
Secretary	AMIR ALI	4920 Cr Road 209 South	Green Cove Spring FL 32043	
Treasurer	AMIR ALI	4920 Cr Road 209 South	Green Cove Spring FL 32043	
			700002930377--6 -07/13/99--01072--012 ****908.75 ****908.75	
8. Name and Address of Current Registered Agent <u>AMIR ALI</u> <u>4920 County Road 209 South</u> <u>Green Cove Spring FL 32043</u>			9. Name and Address of New Registered Agent TB Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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 <u>Amir ali</u> REGISTERED AGENT MUST SIGN Date <u>6/29/99</u>				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(i), 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: <u>Amir ali</u> AMIR ALI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>6/29/99</u> Daytime Phone # <u>(904)259-1409</u>	

CPRE001 (12/95)