

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED 10/2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 29 PM 4:06

DOCUMENT # P99000064773

2001
4 BR

1. Corporation Name
ABZ VENTURES, INC.

Principal Place of Business Mailing Address
1833 SOUTHWEST 31ST AVENUE 1833 SOUTHWEST 31ST AVENUE
PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009



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

2. New Principal Office Address, If Applicable Address, If Applicable
Suite, Apt. #, etc. **Sidney & Roberta Schreiberstein**
20281 E. Country Club Drive
City & State **Aventura, Florida 33180**
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **07/21/1999**
5. FEI Number **65-0938397** Applied For Not Applicable
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	4 City / State / Zip
D	SCHREIBSTEIN, SIDNEY	1833 SOUTHWEST 31ST AVENUE	PEMBROKE PINES FL 33009
D	SCHREIBSTEIN, ROBERTA	1833 SOUTHWEST 31ST AVENUE	PEMBROKE PINES FL 33009

Sidney & Roberta Schreiberstein
20281 E. Country Club Drive
Apt. 1606
Aventura, Florida 33180

800004685248-1
-11/16/01--01046--022
: ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHREIBSTEIN, SIDNEY
1833 SOUTHWEST 31ST AV
PEMBROKE PINES FL 33009

Sidney & Roberta Schreiberstein
20281 E. Country Club Drive
Apt. 1606
Aventura, Florida 33180

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

Apt. #, Etc.

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

Sidney Schreiberstein
REGISTERED AGENT MUST SIGN

Date

10/25/01

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 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)(l), 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:

Sidney Schreiberstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/01 305 932-5005

CR2E040 (8/01)

Levy & Associates, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Joel I. Levy, CPA, MST
Josh Freedman, CPA

October 22, 2001

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

2101 CORPORATE BLVD. NW, SUITE 317
BOCA RATON, FL 33431
TELEPHONE 561/998-7770
FAX 561/998-7771
EMAIL jilcpa@bellsouth.net

Re: ABZ Ventures, Inc.
P99000064773

Gentlemen,

We are in receipt of your notice indicating that the above named corporation had been involuntarily dissolved. Upon review of the documentation, it appears that the original report was sent to an old address, and it was never forwarded to the correct address.

We are herewith enclosing the executed Application for Reinstatement along with a check in the amount of \$150.00, and our request that you accept this as our fee for the year, since the original was sent to the wrong address.

We thank you for your consideration in this matter.

Very truly yours,

Levy & Associates, P.A.

Joel I. Levy, CPA, MST, PFS

Cc: Sidney Schreibstein