


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV 19 PM 3:15

DOCUMENT # **P99000067016**

1. Corporation Name
ABEMI INC.

Principal Place of Business Mailing Address

1299 SW 22ND ST MIAMI FL 33145
~~1299 SW 22ND ST MIAMI FL 33145~~



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

1299 SW 22nd St.
 Miami FL
 33145 Dade

4. Date Incorporated or Qualified To Do Business in Florida
07/28/1999

5. FEI Number
65-0936712

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
PSD	RODRIGUEZ, NURIA M	7720 MIAMI VIEW DR.	NO BAY VILLAGE FL 33141

100004706121--2
 -12/05/01--01055--020
 ****750.00 ****750.00

11/2/01

8. Name and Address of Current Registered Agent

~~RODRIGUEZ, NURIA~~
 1299 SW 22ND ST
 MIAMI FL 33145

9. Name and Address of New Registered Agent

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 * **SIGNATURE REQUIRED** Date **11/2/01**
 REGISTERED AGENT MUST SIGN

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)(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: * **SIGNATURE REQUIRED** Date **11/2/01** Daytime Phone # **(305) 857-3550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)