PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

18 MAY 14 AM 9:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F15000001431

CR2E08: (11/10)

1. Corporation Name

ABMM Holdings Corp

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
517 Route 1 South	517 Route 1 South
Suite, Apt. #, etc.: Suite 4100	Suite, Apt. #, etc.: Suite 4100
City & State: Iselin, NJ	City & State: Iselin, NJ
Zip: 08830 Country: USA	Zip: 08830 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/02/2015

5. FEI Number: 47-1069726 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

500313472435

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
D	David Ciotta	517 Route 1 South, Suite 4100	Iselin, NJ 08830
D	Michael R Zarelli	517 Route 1 South, Suite 4100	Iselin, NJ 08830
D	Dr Mort Sherman	517 Route 1 South, Suite 4100	Iselin, NJ 08830
D	Michael St. Clair	517 Route 1 South, Suite 4100	Iselin, NJ 08830
D	Phil Mortimer	517 Route 1 South, Suite 4100	Iselin, NJ 08830

10. **E-mail Address:** michael.zarelli@abmmfinancial.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 5/10/2018 732-475-0370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Michael R Zarelli — Date — Daytime Phone #

F15000001431

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 5/14/2018

Acc#I20160000072

Name:	ABMM Holdings Corp
Document #:	F15000001431
Order #:	10971619 (line 3)

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: (Reinstatement)

Certified:

Plain: (X)

COGS:

This is a 1 - 2 filing. Please file this reinstatement first and then file the accompanying withdrawal.

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 1050.00

Please call with any questions. Thank you so much!

Jennifer

Thank you!