

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 10:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # K11777

1. Corporation Name
AABAA INTERNATIONAL, INC.



Principal Place of Business % HRAWG CORP 2000 GLADES ROAD, S-400 BOCA RATON FL 33431	Mailing Address PO BOX 502 BOCA RATON FL 33429
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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. 660 NE Marine Drive Boca Raton FL	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. P.O. Box 502 Boca Raton FL	4. Date Incorporated or Qualified To Do Business in Florida 01/13/1988
City & State Boca Raton FL	City & State Boca Raton FL	5. FEI Number 65-0024974
Zip 33431	Country USA	Country USA

Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

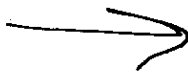
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
AS	CONANAN, CORMAC C	260 NE MARINE DR	BOCA RATON FL

000008891210
 11/08/02--01089--002 **150.00

8. Name and Address of Current Registered Agent

~~CONANAN, CORMAC C~~
~~660 N.E. MARINO DRIVE~~
~~BOCA RATON FL 33451~~



9. Name and Address of New Registered Agent

Name
CORMAC CONANAN
 Street Address (P.O. Box Number is Not Acceptable)
660 NE MARINE DRIVE
 Suite, Apt. #, Etc.
4
 City
BOCA RATON State
FL Zip Code
33431

CR2E040 (8/02)

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. or 617.0505, F.S.

SIGNATURE *[Signature]* REGISTERED AGENT MUST SIGN

Date **10/31/02**

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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cormac P. Conanah, Asst Secretary

Date **10/31/02** Daytime Phone # **561 761 2432**

LAW OFFICE OF CORMAC C. CONAHAN
POST OFFICE BOX NO. 502
BOCA RATON, FLORIDA 33429-0502
(561) 715-2683

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: AABAA, Inc
Document#K11777
FEI 65-0024974

Dear Sirs:

I received a Notice of Administrative Dissolution for the above referenced Florida Corporation.

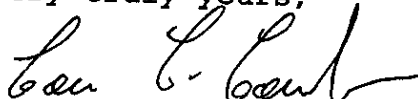
I hereby certify that the corporation has never received the annual notice for renewal. The address shown is not correct. The correct address for the corporation is:

Plum Co., Inc.
C/O Cormac C. Conahan, attorney at law
Post Office Box 502
Boca Raton, FL 33429

Per my conversation with your staff, I enclose the regular renewal fee of \$150.00.

I would very much appreciate your confirming that the address is correct for next year's renewal notice.

Very truly yours,


Cormac C. Conahan