

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

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

City & State
Boca Raton FL

Zip
33431

Country
USA

3. New Mailing Office Address, If Applicable

C/O CORMAC CONAHAN

Suite, Apt. #, etc.
P.O. Box 502

City & State
Boca Raton FL

Zip
33429

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1988

5. FEI Number

65-0024974

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

9. Name and Address of New Registered Agent

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

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 of
Registered Agent

SIGNATURE REQUIRED
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. Conahan, Asst Secretary

Date 10/31/02

Daytime Phone # 561 3612432

CR2E040 (8/02)

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.

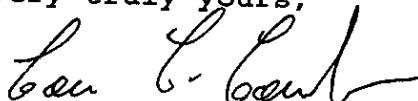
I hereby certify that the corporation has never received the annual notice for renewal. The address shown is not correct. The correct address for the corporation is:

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