

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -2 AM 11: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L55567

1. Corporation Name

AL ABRAMS ASSOCIATES, INC

2. Principal Office Address - No P.O. Box #

17666 HOLLYBROOK WAY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

FL

Zip

33487

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1990

5. FEI Number

65-0174854

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

GARTH A SMITH

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

17666 HOLLY BROOK WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33487

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

4-24-07

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
PDS	GARTH A SMITH	17666 HOLLYBROOK WAY	BOCA RATON, FL 33487
			100103238211 05/25/07--01010--006 **300.00

10. 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 contained in Chapter 119, 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:

GARTH A SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-07

Date

Daytime Phone #

541-998-9257

RECEIVED MAY 4 2007