

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Morton
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 NOV -7 PM 12:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L60876

1. Corporation Name

ADVANCED BUSINESS MACHINES, INC.

Principal Place of Business

Mailing Address

1639 NE 11TH AVE 16391 NE 11th Ave

16391 N.E. 11TH

N MIAMI BEACH FL 33162

NORTH MIAMI BEACH FL 33162

US

US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0191958

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ELOI, PATRICK P.	1021 NW 173RD AVE	PEMBROKE PINES FL 33029
GM	DOOLY, PATRICK Manny Hodak	18071 NE 9TH CT 900 Bay Drive # 603	N MIAMI BEACH FL 33162 Miami Beach, FL 33141

3000002344943--9
-11/12/97--01088--016
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELOI, PATRICK P.
1021 NW 173RD AVE
PEMBROKE PINES FL 33029

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11/5/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)

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COMPREHENSIVE®
BUSINESS SERVICES

PIERRE CHARLES

ACCOUNTING

BOOKKEEPING

TAX SERVICES

CONSULTATION

7001 Biscayne Blvd., 1st Floor, Miami, FL 33138

FAX (305) 751-1291

Phone (305) 751-1226

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Division of Corporation:

This is to inform that, we, the accountants of record for **Advanced Business Machines, Inc.**, have been filing the annual report for this said corporation and this year with no exception we did file the annual report with the required fee.

Apparently something must have gone wrong with the mail again. We have enclosed another check for \$ 165.00. We hope that this matter will be taken care of. Thank you for your understanding and cooperation. We remain.

Sincerely,



Pierre Charles

Comprehensive Business Services
November 3, 1997