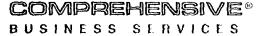
PLEASE READ /	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.	1	
APPLICATION FOR	FLORIDA DEPARTME Saldra B. Mo Segretary of DIVISION OF CORPO	i p State	Example 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
DOCUMENT # <b>L60876</b>			97 NOV -7 PH 12: 47		
1. Corporation Name ADVANCED BUSINESS MACHINES, INC.			SECRUTARY OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business  1839 NE-11TH AVE 1639   N.E. 11TH  N MIAMI BEACH FL 33162  US  Mailing Address  US  Mailing Address  Mailing Address  Mailing Address  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			Date Incorporated or Qualified     To Do Business in Florida     03/23/1990		
Suite, Apt. #, etc.			5 551 Number		
City & State			65-0191958	Not Applicable	
Zip Country	Zip Countr	у		dditional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each					
Title(s) and/or Directors Officer a 3 (Do NOT Use Po		ficer and/or Director se Post Office Box N			
			PEMBROKE PINES FL 33029	1	
Many Hodak 900 By Drive # 603 Migni Beach 7L 33162					
Manny Hodak 900. July Drive # 603 Migni Beach, 7L 33161					
0000022449439					
			3000023449439 -11/12/9701088016 		
			4004007 (001 000		
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent		
ELOI, PATRICK P.			(897)		
1021 NW 173RD AVE PEMBROKE PINES FL 33029			eet Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc					
City			( <b>FL</b> )	p Code	
Signature of Registered Agent Agent Date 11 5 9					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No					
12. I certify that I em 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 eath.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dito (7) (305) 945-3707					



d

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.

Pierre Chuffes

Comprehensive Business Services

November 3, 1997