


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M31846			
1. Corporation Name AMERICAN Building Engineers, Inc			
2. Principal Office Address - No P.O. Box # Suite, Apt. #, etc City & State Zip Country		3. Mailing Office Address Suite, Apt. #, etc 5405 N. state Rd 7 City & State Fort Lauderdale, Fl. Zip 33319 Country Broward.	
		4. Date Incorporated or Qualified To Do Business in Florida 1986	
		5. FEI Number 59-2680 656 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Abe Borujerdi Street Address (P.O. Box Number is Not Acceptable) 5405 N. state Rd 7 Suite, Apt. #, Etc. FT. Lauderdale City Florida State FL Zip Code 33319			
<input checked="" type="checkbox"/> 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 Abe Borujerdi Date 2/8/10 REGISTERED AGENT MUST SIGN			
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
P	Abe Borujerdi	5405 N. state Rd 7	Fort Lauderdale, Fl. 33319
V	Zahra Bahrami	5405 N. state Rd 7	Fort Lauderdale, Fl. 33319
T	Mino Borujerdi	5405 N. state Rd 7	Fort Lauderdale, Fl. 33319
10. E-mail Address: ABE INC 2 C AOL Com. (To be used for future annual report notification)			
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. I further certify, 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: Abe Borujerdi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/8/10 Daytime Phone # 954-			

FILED

10 FEB 11 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 09-10
CR2E081(11/09)

1986

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Date 2/8/10

2/2/12

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