


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **00000056073**

1. Corporation Name
Abresoyouphme. Com, Inc.

2. Principal Office Address
3515 NW 113 Ct.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Doral, FL

Zip
33178

Country
U.S.A.

FILED
04 APR 16 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/27/04--01079--011 **900.00

REINSTATEMENT *03-04*

4. Date Incorporated or Qualified To Do Business in Florida
06-01-00

5. FEI Number
65-1044069

6. CERTIFICATE OF STATUS DESIRED \$75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Pascale Van Cleemput

Street Address (P.O. Box Number is Not Acceptable)
11358 NW 68 Street

Suite, Apt. #, Etc.

City
Doral

State
FL

Zip Code
33178

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 *[Signature]* Date _____

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
<i>Pst</i>	<i>Pascale Van Cleemput</i>	<i>11358 NW 68 St.</i>	<i>Doral FL 33178</i>

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 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]* *9/15+2004* *305-514-3000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pascale Van Cleemput

Date Daytime Phone #