


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P0000061020

1. Corporation Name

ABRE, INC.

2. Principal Office Address		3. Mailing Office Address	
3190 Pine Tree Drive		3190 Pine Tree Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami Beach, FL		Miami Beach, FL	
Zip	Country	Zip	Country
33140	USA	33140	USA

4. Date Incorporated or Qualified To Do Business in Florida	06/23/2000
5. FEI Number	65-1018472
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$9.75 Additional Fee required for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name  
MICHAEL I. BERNSTEIN, P.A.

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

1688 MERIDIAN AVENUE

Suite, Apt. #, Etc.

SUITE 418

City

MIAMI BEACH

State  
FLZip  
33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 607.0603, F.S.

Signature of  
Registered Agent

Date 11/22/2006

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
PSTD	ABRAHAM SHAULSON	P.O. Box 402401	MIAMI BEACH, FL 33140

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/2006

Date

Daytime Phone #

**MICHAEL I. BERNSTEIN, P.A.**

*Attorneys at Law*

1680 Michigan Avenue, Suite 736

Miami Beach, Florida 33139

Tel. (305) 672-9544 • Fax. (305) 675-6465

e-mail: [michael@miblawoffice.com](mailto:michael@miblawoffice.com)

December 11, 2006

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

Re: Reinstatement of ABRE, INC.

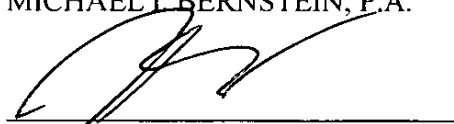
Dear Sir or Madam:

Enclosed, please find a Corporation Reinstatement Form for the above-reference company and a check payable to the Department of State in the amount of \$600.00 for the annual report and supplemental fees for each year from the year of dissolution. We hereby request that the reinstatement fee be waived because the Corporation did not receive the annual report notice in 2003, the year of dissolution.

If you have any questions, please contact us at the telephone number listed above.

Sincerely,

MICHAEL I. BERNSTEIN, P.A.



By: Michael I. Bernstein, Esq.