

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
DIVISION OF CORPORATIONS

DOCUMENT # P00000070132

1. Corporation Name

ABL RECRUITING GROUP, INC.

Principal Place of Business

Mailing Address

4000 ISLAND BLVD #902  
AVENTURA FL 33160

4000 ISLAND BLVD #902  
AVENTURA FL 33160

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/24/2000

5. FEI Number

65-1026273

Applied For

Not Applicable

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<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director | 4<br>City / State / Zip |
|---------------|--|---|-------------------------|
| DPST          | SHEAR, MARC A                          | 4000 ISLAND BLVD #902                               | AVENTURA FL 33160       |
|               |  |   |                         |
|               |  |   |                         |
|               |  |   |                         |
|               |  |   |                         |
|               |  |   |                         |
|               |  |   |                         |

000004745120--8  
12/31/01-01058-014  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEAR, MARC A  
4000 ISLAND BLVD #902  
AVENTURA FL 33160

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

Date

REGISTERED AGENT MUST SIGN

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 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 #

Marc Shear (President) 12-7-01

(800) 516-4753  
(561) 756

~~ABL RECRUITING GROUP, INC.~~

292

November 2, 2001

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

Dear Sir or Madam:

Please be advised that we have not received our 2001 Uniform-Business Report. Therefore, we neglected to file by May 1<sup>st</sup>. This could be due to an address change.

Our only notification to our offices on 10/20/01 was notification of dissolution of our company. We hope this letter is sufficient to accept the lower fee of \$150.00 due to our current situation. Your cooperation is greatly appreciated. If your office needs any other information, we will furnish it as quickly as possible.

Sincerely,



Marc A Shear  
President