

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000004785

1. Corporation Name

AMERICAN BUSINESS USA CORP.

2. Principal Office Address

2020 GREENVIEW SHORES BLV.

Suite, Apt. #, etc.
#116

City & State

WELLINGTON, FLORIDA

Zip

33414

Country

USA

3. Mailing Office Address

2020 GREENVIEW SHORES BLV.

Suite, Apt. #, etc.
#116

City & State

WELLINGTON, FLORIDA

Zip

33414

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-12-2001

5. FEI Number

65-1067613

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAURICIO GOMEZ

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

2020 GREENVIEW SHORES BLV.

Suite, Apt. #, Etc.

#116

City

WELLINGTON

State

FL

Zip Code

33414

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 11-07-03

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
PTD	MAURICIO GOMEZ	2020 GREENVIEW SHORES BLV. 116	WELLINGTON, FL 33414

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)(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]

MAURICIO GOMEZ

11-07-03

561-784-2357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Miami, October 7th , 2003

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: AMERICAN BUSINESS USA CORP.
Doc Number P01000004785**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2001.

Your consideration will be greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'MGM', with a stylized flourish at the end.

**Mauricio Gomez
President
2020 Greenview Shores Blvd. #116
Wellington, FL 33414**