

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -2 PM 1:17

DOCUMENT # P01000010308

1. Corporation Name

ABBJ, Inc.

500074534965
05/14/06--01001--010 **750.00

REINSTATEMENT 02-06

CR2E081 (12/05)

2. Principal Office Address

11511 SW 81 Road

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Office Address

10661 N. Kendall Drive

Suite, Apt. #, etc.

201

City & State

Miami, FL

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/29/01

5. FEI Number

65-1076148

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
Spiegel & Utrera, P.A.

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

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

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

REGISTERED AGENT MUST SIGN

Date

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	Robert Heimann	10661 North Kendall Drive, Suite 201	Miami, FL 33176

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

Date

Daytime Phone #

Connolly & Wasserstrom, CPA's, LLC



10661 North Kendall Drive | Suite 201 | Miami, FL 33176
o: 305-275-0208 | f: 305-275-0210

20/2

February 27, 2006

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

Re: ABBJ, Inc.
EIN: 65-1076148

Dear Sir/Madam:

The purpose of this letter is to request reinstatement of the above-referenced corporation.

The address of the corporation has changed since inception and Robert Heimann, the president of ABBJ, Inc, did not receive the annual notices of corporate filing; therefore, he was not aware of the requirement for filing the annual reports.

Enclosed please find the Application for Reinstatement for ABBJ, Inc. and a check payable to Department of State in the amount of \$750.00. This represents the filing fee for the years 2002, 2003, 2004, 2005, and 2006.

Thank you for your assistance to our request.

Very truly yours,

A handwritten signature in cursive script that reads "Matthew Connolly".

Matthew A. Connolly

enclosures