

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

142

FILED

02 OCT 16 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023336

1. Corporation Name

AB GROUP TRADING, INC.

Principal Place of Business

Mailing Address

17439 NW 66TH COURT

MIAMI, FL. 33015

SAME

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

03/06/01

5. FEI Number

65-1085389

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	GEORGE R. MELHEM	5190 NW 167TH ST. #113	MIAMI, FL. 33014

8. Name and Address of Current Registered Agent

JOSEPH SHOMAR

17439 NW 66TH COURT

MIAMI, FL. 33015

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

SAME

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

Joseph Shomar
REGISTERED AGENT MUST SIGN

Date **10/10/02**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

George Melhem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/02

Date

305-474-0086

Daytime Phone #

292

AB GROUP TRADING, INC.
17439 NW 66TH COURT
MIAMI, FL. 33015

October 10, 2002

Division of Corporations
Florida Dept. of State
P.O. BOX 6327
Tallahassee FL, 32314

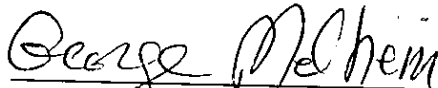
Sir/Madam:

I would like to draw your kind attention to the fact that I never received the Uniform Business Report for this year and now my corporation is Inactive. Therefore, I'm enclosing the Application for Reinstatement of the Corporation along with a check for the amount of \$158.75 in payment for:

Reinstatement of Corporation	\$150.00
Certified Copy	\$ 8.75

Please make the necessary changes to your records and if you have any questions or concern do not hesitate to contact me at the number above.

Respectfully,


George Melhem
President