

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 16 AM 8:00

DOCUMENT # P01000026197

1. Corporation Name

ABCA INVESTMENTS CORP.

**REINSTATEMENT** 02-04

800043469228  
12/16/04--01063--001 \*\*1050.00

MRS

2. Principal Office Address 201 S.Biscayne Blvd.		3. Mailing Office Address same	
Suite, Apt. #, etc. Ste. 2500		Suite, Apt. #, etc. Ste	
City & State Miami, FL		City & State	
Zip 33131	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 03-09-2001	
5. FEI Number 20-1994385	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name Antonio Zamora	
Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd.	
Suite, Apt. #, Etc. Ste. 2500	
City Miami	State FL
	Zip Code 33131

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 12-14-2004

**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
PD	Abraham Cababie	19950 W.Country Club Dr. Ste.900	Aventura,Fl.33180
S	Antonio Zamora	201 S.Biscayne Blvd. ste. 2500	Miami,Fl.33131

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]*

SECRETARY

12-14-04

305 379-5574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)