

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:11

DOCUMENT # P01000032218

1. Corporation Name  
 AMER BREICHE ENTERPRISES, INC.

SECRETARY OF STATE  
 000008837890  
 11/05/02--01137--018 \*\*150.00



Principal Place of Business 8603 SAN ANDROS WEST PALM BEACH FL 33411	Mailing Address 8603 SAN ANDROS WEST PALM BEACH FL 33411
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 6130 WILES RD. #203	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. 6130 WILES RD. #203	4. Date Incorporated or Qualified To Do Business in Florida 03/29/2001
City & State CORAL SPRINGS, FLORIDA	City & State CORAL SPRINGS, FLORIDA	5. FEI Number 65-1093667
Zip 33067	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	AMER BREICHE	6130 WILES RD #203	CORAL SPRINGS, FL 33067
vice president	Marie NOUTAIN	6130 WILES RD #203	CORAL SPRINGS, FL 33067

8. Name and Address of Current Registered Agent RIDOLFO, PHILLIP T JR. ESQ 777 S. FLAGLER DRIVE #300E WEST PALM BEACH FL 33401	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN  
 Date: 11/4/2002

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]* AMER BREICHE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 10/26/2002  
 Daytime Phone #: 786-295-0072

CR2E040 (8/02)

Amer Breiche Enterprises, Inc.  
6130 Wiles Road, #203  
Coral Springs, FL 33411

October 30, 2002

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

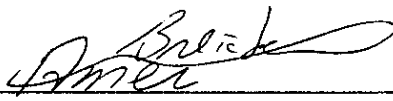
Re: Amer Breiche Enterprises, Inc. (P01000032218)

Dear Sir or Madam:

Pursuant to your instructions, enclosed please find the Application for Reinstatement (the "Application") for the above-referenced corporation, together with the normal filing fee of \$150.00. Please be advised that the two prior uniform business report notices were not received by the corporation. Please process the Application without penalty upon your receipt of this letter.

Thank you for your assistance in this matter. Please let me know if there is any further information you require.

AMER BREICHE ENTERPRISES, INC.

By:   
Amer Breiche, President