## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPOÄÑI STATEMI				etary of		ΓE		SECRETARY OF STATE DIVISION OF CORPORATIONS  08 MAR 26 PM 12: 01	
DOCUMENT # P01000040302  1. Corporation Name										
ABBACOM TECHNOLOGY, INC							3C 04/07.	00122478773 /0801035014 **150.00		
2. Principa	ss - No I	P.O. Box #	3. Mailing Office	Mailing Office Address			05/14	1/07 90098 045 ISO, W		
8202 NW 70 STREET				7105 SW 8 STREET				0 - 11 1	CR2E081 (12/07)	
Suite, Apt. #			Suite, Apt. #, etc.	pt. #, etc.				· ,		
				STE: 306					orated or Qualified ness in Florida 04/20/2001	
City & State	)			City & State				5. FEI Numbe	0-720/2001	
MIAMI, FL				MIAMI, FL				65-109427		
Zip C		Country	ntry Zip 33144		Country			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent										
Name ALEJANDRO VELEZ Street Address (P.O. Box Number is Not Acceptable) 8202 NW 70 STREET								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Suite, Apt. #, Etc.										
City MIAMI				State Zip Code FL 33166			1	S 100 De Walved.		
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 Date  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 rs and/or Directors		Street Address of Eacl Officer and/or Directo				City / State / Zip		
S/D	ALEJANDRO VELEZ				8202 NW 70 STREET				MIAMI, FL 33166	
P/D	MABEL (	OME	Z	82	8202 NW 70 STREET				MIAMI, FL 33/166	
								TATEN	B 9 12 6 108 ENT 67 - 08	
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 OFFICE OR DIRECTOR Date Daylime Phone #										

## AABACOM TECHNOLOGY, INC. DOC: P01000040302

AS PER YOUR REQUEST I AM SENDING THIS LETTER TO STATE THAT WE NEVER RECEIVED THE REJECTED LETTER FROM YOU OFFICE REGARDING THE 2007 UBR FORM.

I HAVE ENCLOSED THE COPY THE CHECK THAT WAS CASHED BY YOUR OFFICE IN APRIL 2007.

PLEASE TAKE THIS LETTER TO UP-DATE MY CORPORATION.

THANK YOU

SECRÉTARY / DIRECTOR