

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 21 PM 2:04

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P01000054267**

1. Corporation Name
AMERICAN BUILDERS & CONSULTANTS, INC.

Principal Place of Business ~~2324 NORTH MIAMI AVENUE MIAMI FL 33127~~
 Mailing Address ~~801 BRICKELL BAY DRIVE LOBBY BOX 310 MIAMI FL 33127~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2390 NW 2 Ave		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/01/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-111115	
City & State MIAMI FL		City & State		Applied For Not Applicable	
Zip 33127	Country FLA.	Zip	Country	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
D	NISTAL, SALVADOR	1771 WAKEENA	COCONUT GROVE FL 33133
D	JEREZ, ALEXIS	13966 S.W. 161 TERRACE	MIAMI FL 33177

000009154880
 11/21/02--01099--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NISTAL, SALVADOR
 1771 WAKEENA
 COCONUT GROVE FL 33133

Name **SOME**
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

CR2ED40 (8/02)

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 REQUIRED** Date **11-17-02**
 REGISTERED AGENT MUST SIGN

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

AMERICAN BUILDERS & CONSULTANTS, INC.

2390 NW 2nd Ave.

MIAMI, FLORIDA 33127

(305) 576-1020

FAX (305) 576-1009

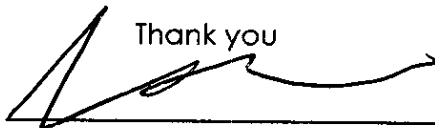
To Whom It May Concern:

We have not receive any UBR notices due to the fact that we have moved locations twice since our business as been opened.

We received this notice from the new tenant at last address

I hope this will be enough to reinstate our Corporation

Thank you

A handwritten signature in black ink, appearing to be a stylized name, possibly "John" or "James", written over a horizontal line.

President

11-17-02