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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 APR 19 PM 2:31

STATE OF FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000074097**

1. Corporation Name
ABS Construction Inc

2. Principal Office Address
4937 Harbor Isles Dr.

3. Mailing Office Address
4101 Ravenswood Road

REINSTATEMENT 03-05

Suite, Apt. #, etc.

Suite, Apt. #, etc.
111

4. Date Incorporated or Qualified To Do Business in Florida
7/27/01

City & State
Fort Lauderdale FL

City & State
Fort Lauderdale FL

5. FEI Number
65-1124993

Applied For
Not Applicable

Zip
33312

Country
USA

Zip
33312

Country
USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Avraham Ben-Saadon
Street Address (P.O. Box Number is Not Acceptable)
4937 N Harbor Isles Drive
Suite, Apt. #, Etc.
City
Fort Lauderdale,

State
FL

Zip Code
33312

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 **X**

Date **4/12/05**

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Avraham Ben-Saadon	4937 Harbor Isles Dr	Fort Lauderdale FL 33312

5010053927385
05/05/05--01066--020 **450.00

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/12/05**

Daytime Phone # **305-467-7273**

CR2E081 (01/05)

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CG Accounting Corporation

4101 Ravenswood Road, Suite 111, Fort Lauderdale, FL 33312 (954) 327-4617 Fax: (954) 327-4618

April 12, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

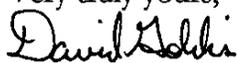
**Re: ABS Construction Inc.
#P01000074097
UBR - 2003, 2004, 2005**

Dear State of Florida Representative,

We are the accountants for the above named taxpayer. This corporation never received their UBR in the mail all these years, and never realized that it wasn't received.

We are submitting the application together with the \$450 fee covering the 3 years mentioned above. We appreciate the abatement of the late fee. Please "activate" this company ASAP.

If any additional information is needed, please contact us.

Very truly yours,

David Goldis

DTG/cb