

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 APR 19 PM 2:31

RECEIVED  
STATE OF FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD1000074097

1. Corporation Name

ABS Construction Inc

2. Principal Office Address

4937 Harbor Isles Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

4101 Ravenswood Road

Suite, Apt. #, etc.

111

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/27/01

5. FEI Number

65-1124993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-05

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/12/05

**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

500053927385  
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

4/12/05

Date

305-467-7273

Daytime Phone #

CR2081 (01/05)

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2 of 2

# 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

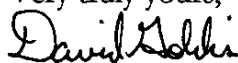
**Re: ABS Construction Inc.  
#P01000074097  
UBR - 2003, 2004, 2005**

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