

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000086980

1. Corporation Name

AB CONSULTING & ACCOUNTING SERVICES, INC.

2. Principal Office Address

2340 SW 67 LANE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33023

Country

US

3. Mailing Office Address

2340 SW 67 LANE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33023

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

09-04-2001

5. FEI Number

65-1140304

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANIS BLEMUR

Street Address (P.O. Box Number is Not Acceptable)

2340 SW 67 LANE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33023

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 03/24/03

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
P	ANIS BLEMUR	2340 SW 67 LANE	MIRAMAR/FL/33023
VP	SANDRA L. BLEMUR	2340 SW 67 LANE	MIRAMAR/FL/33023
S	SANDRA L. BLEMUR	2340 SW 67 LANE	MIRAMAR/FL/33023

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2003

Date

Daytime Phone #

CR2E081 (10/02)

AB Consulting & Accounting Services, Inc

*** 2340 SW 67 Lane, Miramar, FL 33023 * Phone: (954) 965-0131; Fax: (954) 985-8407 ***

March 24, 2003

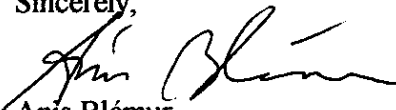
Department Of State
Division of Corporations
P.O. Pox 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Attached you will find a reinstatement form for AB Consulting & Accounting Services, Inc. I did not receive the renewal form for the years 2003 and 2002.

Enclosed you will find a check for the amount of \$308.75 to cover the renewal fees for the two years and for a copy of the certificate of status.

Sincerely,


Anis Blémur
(786) 262-6989

AB Consulting & Accounting Services, Inc.