


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 13 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000028754

1. Corporation Name

ABI JO Enterprises, INC

REINSTATEMENT 04

2. Principal Office Address

1200 NW 78th Ave

Suite, Apt. #, etc.

#104

City & State

Doral, Florida

Zip

33126

Country

3. Mailing Office Address

127 Zinnia Ave

Suite, Apt. #, etc.

City & State

Metairie, Louisiana

Zip

70001

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2002

5. FEI Number

01-0651299

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

Jose Prendes

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

1200 NW 78th Ave

Suite, Apt. #, Etc.

104

City

Doral

State

FL

Zip Code

33126-1816

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]

Date 12-08-04

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
<u>PD</u>	<u>Jose Prendes</u>	<u>1200 NW 78th Ave</u>	<u>Doral, FL 33126</u>
<u>SD</u>	<u>Aldo Zambrano</u>	<u>7120 SW 19 St</u>	<u>Miami, FL 33155</u>

600043365946
12/13/04--01060--012 **150.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-04

Date

Daytime Phone #

CR2E081 (01/04)

2072

December 8, 2004

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Re: Abi-Jo Enterprises, Inc

Gentleman,

I respectfully request you to waive the reinstatement fee due to the following reason:

We have been having problems with the mail at the mailing address you have in records and we have not received any letter from you since last year.

Enclosed find the reinstatement application with address changes along with a check for \$ 150.00

Thanks for your cooperation and consideration in this matter

Yours truly,


Elena Luz Pineda
Accountant