

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 21 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02080028754**

1. Corporation Name

**ABI JO ENTERPRISES, INC**

2. Principal Office Address

**7120 S.W. 19th St**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

Zip

**33155**

Country

3. Mailing Office Address

**7120 S.W. 19th St**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

Zip

**33155**

Country

**REINSTATEMENT 03**

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

☒ \$0.75 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)

**7120 S.W. 19th St**

Suite, Apt. #, Etc.

City

**Miami**

State  
**FL**

Zip Code

**33155**

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

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
PD	JOSE PRENDES	7120 S.W. 19th St	Miami, FL 33155
VD	Benoit Angulo	8841 N.W. 78 PL #423	TAMARAC, FL 33321
SD	Aldo Zambrano	7120 S.W. 19 St	Miami, FL 33155

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**

**Aldo Zambrano**

**Aldo ZAMBRANO**

**10/13/03 (504) 3294496**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

October 13, 2003

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

**Re: ABI JO ENTERPRISES, INC**

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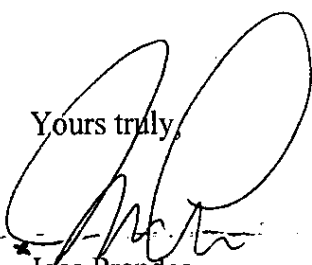
Gentleman,

Due that I have not receive the annual report since the corporation was registered;  
I respectfully request you waive the reinstatement fee.

Enclosed find the reinstatement application together with a check for \$ 150.00

Thanks for your cooperation and consideration in this matter.

Yours truly,



Jose Prendes  
President