

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000100519

1. Entity Name
ABAS OF MIAMI, INC.



Principal Place of Business
918 N.W. 36 STREET
MIAMI, FL 33127

Mailing Address
918 N.W. 36 STREET
MIAMI, FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

05 MAR -1 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01272005 REIN P CR2E098 (6/04)

04-05

4. FEI Number

14-1853864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMD, ABAS
918 N.W. 36 STREET
MIAMI, FL 33127

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/20/05

FILE NOW!!! FEE IS \$000.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMD, ABAS 918 N.W. 36 STREET MIAMI, FL 33127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600047930346 03/08/05--01026--003 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600047930346 03/08/05--01026--004 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/20/05

ATTACHMENT

MIAMI,01/01/2005

#PO2000100519

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

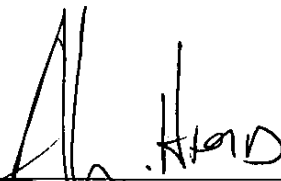
SUBJECT: REINSTATEMENT FORM
ANNUAL REPORT /2004.

ABAS of MIAMI INC.

DEAR SIR

AS PER COVERSATION WITH YOUR DEPARTMENT ENCLOSED FIND MY
REINSTATEMENT FORM, AS DISCUSSED, FOR THE YEAR ,2004 AND APPLICABLE FEES
OF \$ 150.00, DUE THAT I NEVER RECEIVED THE ANNUAL REPORT 2004 AND MY COMPANY
WAS DISOLVED WITHOUT PRIOR NOTICE. DUE YOU HAD THE WRONG ADDRESS, PLEASE
RE-INSTATE MY COMPANY ASAP.

SINCERELY YOURS



PRESIDENT