


2004 FOR PROFIT CORPORATION REINSTATEMENT

1092

DOCUMENT # P02000119302 1. Entity Name ABEL COMMUNICATIONS INC.	
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FILED

05 JAN -3 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 146 WINTER PARK, FL 32790	Mailing Address P.O. BOX 146 WINTER PARK, FL 32790
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11292004 REIN-P CR2E098 (6/04)

City & State Zip	City & State Zip
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4. FEI Number 59-3416858	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent GAGLIANO, ANDREA B 1800 KILLARNEY DR. WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Andrea B Gagliano* DATE: *12-10-04*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete GAGLIANO, ANDREA B P.O. BOX 146 WINTER PARK, FL 32790	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800044675538 01/13/05--01013--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: *Andrea B Gagliano* DATE: *12-10-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2012

ABEL COMMUNICATIONS INC.

P.O. BOX 146 * WINTER PARK, FLORIDA * 32790

TEL.# (407)-539-3994, (FAX)#-407-539-2180

ABELCOMM@aol.com

December 28th, 2004
Mr. Gary Blankenbaker, Document Specialist
Florida Dept. of State
Divisions of Corporations
PO Box 6327 Tallahassee Fl 32314

RE: P02000119302

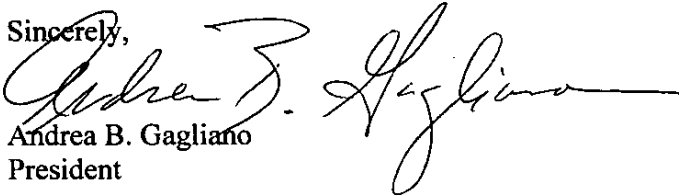
Dear Mr. Blankenbaker:

In your letter dated December 28th, 2004 you stated that you did receive our 2004 Annual report on March 1, 2004, however it was returned on that same day with a letter noting that corrections were necessary and that we respond in 30 days. We did not receive that letter and consequently we are responding later than the 30 day allowance.

We respectfully request that you recognize that we have acted in good faith and that the \$600.00 reinstatement fee be waived.

Enclosed is our fee for \$150.00 together with the reinstatement form.

Sincerely,


Andrea B. Gagliano
President