

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP 19 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02963*

**1. Corporation Name**

*A.B.P. Inc.*

**2. Principal Office Address**

*8360 W. Flagler St.*  
*Suite, Apt. #, etc.*  
*203*

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

*Miami - FL*

**City & State**

**Zip**

*33144*

**Country**

*USA*

**Zip**

**Country**

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

*1984*

**5. FEI Number**

*65-0630347*

**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**

*Modeline D. Longaray*

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

*8360 W. Flagler St. #203*

**Suite, Apt. #, Etc.**

*Miami - FL*

**City**

**State**  
**FL**

**Zip Code**

*33144*

**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]*

REGISTERED AGENT MUST SIGN

Date

*9/8/05*

**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	Alexandro Bruno Castro	8360 W. Flagler St #203	Miami - FL 33144
VD	Jose Antonio Bruno Castro	8360 W. Flagler St #203	Miami - FL 33144
SD	Maria Elena Bruno	8360 W. Flagler St #203	Miami - FL 33144

**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

Date

*9/9/05*

Daytime Phone #

**A.B.P. INC.**  
**8360 West Flagler St. #203**  
**Miami, FL. 33144**

September 8, 2005

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

Re: Document No.: P02963

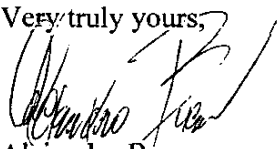
Gentlemen:

We are enclosing the reinstatement application for this foreign corporation authorized to conduct business in Florida since 1984, date of inception.

We are also enclosing check for \$2406.25 corresponding to the annual report fees not paid since 1987 to date.

We are kindly requesting the \$600 reinstatement fee to be abated. We never received an annual report form during these years and we did not even know we had to file, being a foreign corporation.

Very truly yours,

  
Alejandro Bueno  
President