

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 17 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000028326

1. Corporation Name

A.B.P. ASSISTANCE FOR BUSINESS AND PROFESSIONALS INC.

2. Principal Office Address - No P.O. Box #
8501 SW 124 AVE.

3. Mailing Office Address
9737 NW 41 STREET

Suite, Apt. #, etc.
STE: 202

Suite, Apt. #, etc.
445

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33183

Country

Zip
33178

Country

4. Date Incorporated or Qualified
To Do Business in Florida 03-11-2003

5. FEI Number
26-3715883

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
CLIRVAENS PRESSOIR

Street Address (P.O. Box Number is Not Acceptable)
8501 SW 124 AVE.

Suite, Apt. # Etc.
STE: 202

City
MIAMI

State
FL

Zip Code
33183

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
P/D	CLIRVAENS PRESSOIR	8501 SW 124 AVE. STE: 202	MIAMI, FL 33183

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 contained in Chapter 119, 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

Daytime Phone #