

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 27 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800103198898
05/24/07--01027--017 **450.00

DOCUMENT # P03000075428

1. Corporation Name

AB FAMILY MULTI-SERVICES, INC

W07000018495

2. Principal Office Address - No P.O. Box #

3640 N STATE RD 7

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

Zip
33319

Country
USA

3. Mailing Office Address

3581 COLLONADE DRIVE

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip
33467

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2003

5. FEI Number

20-0148841

☒ 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
ANALOS EXAVIER

Street Address (P.O. Box Number is Not Acceptable)
3581 COLLONADE DRIVE

Suite, Apt. #, Etc.

City
WELLINGTON,

State
FL

Zip Code
33467

☒ 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

Analos Exavier

Date **04/20/2007**

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	EXAVIER ANALOS	3581 COLLONADE DRIVE	WELLINGTON, FL 33467

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:

Analos Exavier **ANALOS EXAVIER** *4-20-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3. Marched APR 27 2007