


FILED

04 NOV 30 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# REINSTATEMENT



<b>DOCUMENT # P03000076196</b>						FILED	
1. Entity Name <b>ABRAHAM INVESTMENTS INC.</b>				04 NOV 30 AM 11:16		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>327 S.W. 77 AVE MIAMI, FL 33144</b>				Mailing Address <b>327 S.W. 77 AVE MIAMI, FL 33144</b>		<b>REINSTATEMENT</b> 04 	
2. Principal Place of Business		3. Mailing Address		11292004 REIN-P CR2E098 (6/04)		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
LEIVA, MELIXA 327 S.W. 77 AVE MIAMI, FL 33144				Name <u>Leiva Abraham</u> Street Address (P.O. Box Number is Not Acceptable) <u>327 SW. 77 AVE</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33144</u>			
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 <u>Abraham Leiva</u>				DATE <u>11/28/04</u>			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEIVA, ABRAHAM			NAME	600043220166		
STREET ADDRESS	327 S.W. 77 AVE			STREET ADDRESS	12/06/04--01068--012 **158.75		
CITY-ST-ZIP	MIAMI, FL 33144			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: <u>Abraham Leiva</u>				DATE <u>11/28/04</u> (305) 8078292			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			