
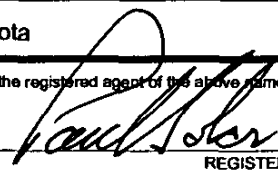
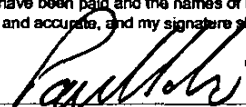


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> 05 MAY 4 AM 11:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA  REINSTATEMENT 05 05 MAY 16 2005	
<b>DOCUMENT #</b> 1. Corporation Name P03000126228 Abbate Solari Ventures, Inc.					
<b>2. Principal Office Address</b> 7303 Westmoreland Dr.  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 7303 Westmoreland Dr.  Suite, Apt. #, etc.		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/30/2003	
<b>City &amp; State</b> Sarasota, FL		<b>City &amp; State</b> Sarasota, FL		<b>5. FEI Number</b> 450529001  <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>Zip</b> 34234	<b>Country</b> USA	<b>Zip</b> 34243	<b>Country</b> USA	<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>					
Name Paul Solari					
Street Address (P.O. Box Number is Not Acceptable) 7303 Westmoreland Dr. 100054679551 05/17/05--01056--005 **750.00					
Suite, Apt. #, Etc.					
City Sarasota				<b>State</b> FL	<b>Zip Code</b> 34234
<b>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.</b>					
Signature of Registered Agent X 		Date X 5-2-05			
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>		<b>City / State / Zip</b>	
D	Jason Abbate	80 OAKLAND STREET		HUNTINGTON NY 11743	
D	Paul Solari	7303 WESTMORELAND DRIVE		SARASOTA FL 34243	
<b>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.</b>					
<b>SIGNATURE:</b> X 		X 5-2-05 941-625-9041			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (01/05)