

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2008 JAN -4 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000138125

**1. Corporation Name**

ALLIED BUSINESS CORP.

**2. Principal Office Address**

8364 NW 70TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

**3. Mailing Office Address**

8364 NW 70TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 11-21-2003

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

500114329815  
01/08/08--01017--006 \*\*750.00

**REINSTATEMENT** 04-07

**7. Name and Address of Current Registered Agent**

Name

HELDER PRESSOIR

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

8364 NW 70TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

**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

Date JAN 03, 2008

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	HELDER PRESSOIR	8364 NW 70TH STREET	MIAMI, FL 33166

**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

JAN 03, 2008

Date

Daytime Phone #

CR2E081 (01/04)

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

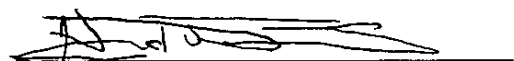
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEARS OF 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY, WE ARE INCLUDING THE \$150.00 FOR 2008 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,



HELDER PRESSOIR  
PRESIDENT/DIRECTOR