

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000095405

1. Corporation Name

ABD DEVELOPMENT GROUP, INC.

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

99 N.W. 183RD STREET

Suite, Apt. #, etc.

SUITE 209

City & State

MIAMI, FL

Zip

33169

Country

MIAMI-DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

RASHID B. MALIK

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

99 N.W. 183RD STREET

Suite, Apt. #, Etc.

SUITE 209

City

MIAMI

State

FL

Zip Code

33169

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 10-20-08

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	RASHID B. MALIK	99 N.W. 183RD STREET, #209	MIAMI, FL 33169

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

10-20-08

Date

Daytime Phone #

FILED

08 OCT 27 AM 11:01

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

500137353735
10/28/08--01012--015 **150.00

REINSTATEMENT 05-08

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/04

5. FEI Number

90-0405062

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.