


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000100786**

1. Corporation Name
ABI Transport, Inc

2. Principal Office Address 3324 S. CRANBERRY BLVD		3. Mailing Office Address P.O. BOX 8036	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Port, FL		City & State North Port, FL	
Zip 34286	Country Sarasota	Zip 34287	Country Sarasota

REINSTATEMENT

CRZE081 (1/2005)

4. Date Incorporated or Qualified To Do Business in Florida
July 2, 2004

5. FEI Number
91 2147897

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
Aleksandr BELOKOBYLKA

Street Address (P.O. Box Number is Not Acceptable)
3324 S. CRANBERRY BLVD

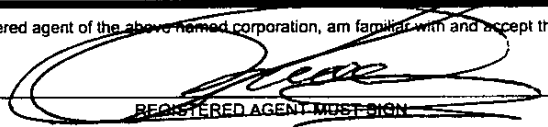
Suite, Apt. #, Etc.

City
North Port

State
FL

Zip Code
34286

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.

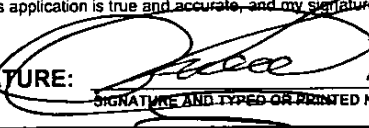
Signature of Registered Agent  Date **11-14-06**

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
P	ALEKSANDR BELOKOBYLKA	3324 S. CRANBERRY BLVD	North Port, FL 34286
V	ALEKSANDR BELOKOBYLKA	3324 S. CRANBERRY BLVD	North Port, FL 34286
S	ALEKSANDR BELOKOBYLKA	3324 S. CRANBERRY BLVD	North Port, FL 34286
T	ALEKSANDR BELOKOBYLKA	3324 S. CRANBERRY BLVD	North Port, FL 34286

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:  **Aleksandr BELOKOBYLKA** Date **11-14-06** Daytime Phone # **941-875-2756**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

From: ABI Transport Inc
DOCUMENT # P04000100786
P. O. Box 8036
North Port, FL 34287

To: Florida Department
of State Division of
Corporations

Please waive the reinstatement fee
in amount of \$100⁰⁰.

Reason: The Annual Report was not
received/field due to the company
making address change.

Aleksandr Belokobylko
(president)  11-14-06