


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000047154 1. Entity Name ABACUS ELECTRICAL SALES INC.						FILED 08 OCT 16 PM 2:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 18620 NW 27TH AVENUE 101 MIAMI, FL 33056				Mailing Address 18620 NW 27TH AVENUE 101 MIAMI, FL 33056			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address 7402 EMBASSY BLVD Suite, Apt. #, etc.			
City & State MIRAMAR FL				4. FEI Number NOT APPLICABLE			
Zip 33023		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PARCHMENT, TONI A 18620 NW 27TH AVE 101 MIAMI, FL 33056				7. Name and Address of New Registered Agent Name TONI PARCHMENT Street Address (P.O. Box Number is Not Acceptable) 7402 EMBASSY BLVD City MIRAMAR FL Zip Code 33023			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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 NAME STREET ADDRESS CITY-ST-ZIP	P PARCHMENT, TONI 18620 NW 27TH AVENUE MIAMI, FL 33056			TITLE NAME STREET ADDRESS CITY-ST-ZIP	7402 EMBASSY BLVD MIRAMAR, FL 33023		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/13/08 954-483-7377 <small>Date Daytime Phone #</small>			