

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN -6 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000161069**

1. Corporation Name

ABALSOFT, Inc.

REINSTATEMENT 06-08

W08000025334

600129774626

05/19/08--01006--008 **558.75

CR2E081 (12/07)

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

9445 Whispering Meadows

Suite, Apt. #, etc.

3. Mailing Office Address

1141 Hidden Ridge

Suite, Apt. #, etc.

Apt 2141

City & State

Orlando, FL

City & State

Irving, TX

Zip

32825

Country

U.S.A

Zip

75038

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/2005

5. FEI Number

NONE

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

ZAKIR MIR

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

9445 Whispering Meadows Ln

Suite, Apt. #, Etc.

9445 Whispering Meadows Ln

City

Orlando

State

FL

Zip Code

32825

☒ 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.

did not receive any notice

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **06/04/08**

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	SANJEEDA PERWEEN	1141 Hidden Ridge, Apt 2141 Irving, TX 75038	Irving, TX 75038
VP	ZAKIR MIR	1141 Hidden Ridge, Apt 2141 Irving, TX 75038	Irving, TX 75038

**REINSTATEMENT
06-08**

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:

ZAKIR H MIR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/08
Date

407482 2122
Daytime Phone #

06/1/08