

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000117398

Entity Name: ABRAHAM,SR.-DANIEL, INC.

FILED
Oct 13, 2009
Secretary of State

Current Principal Place of Business:

711 S. HOLLYBROOK DR.
#204
PEMBROKE PINES, FL 330254024

Current Mailing Address:

711 S. HOLLYBROOK DR.
#204
PEMBROKE PINES, FL 330254024

New Principal Place of Business:

711 S. HOLLYBROOK DR.
#204
PEMBROKE PINES, FL 330254024 US

New Mailing Address:

711 S. HOLLYBROOK DR.
#204
PEMBROKE PINES, FL 330254024 US

FEI Number: 20-5531559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURNER, ABRAHAM
711 S. HOLLYBROOK DR.
#204
PEMBROKE PINES, FL 330254024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ABRAHAM TURNER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TURNER, ABRAHAM
Address: 711 S. HOLLYBROOK DR.
City-St-Zip: PEMBROKE PINES, FL 330254024

Title: STD () Delete
Name: MULLIENS-TURNER, DOROTHY E
Address: 711 S. HOLLYBROOK DR.
City-St-Zip: PEMBROKE PINES, FL 330254024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TURNER, ABRAHAM
Address: 711 S. HOLLYBROOK DR. UNIT #204
City-St-Zip: PEMBROKE PINES, FL 330254024 US

Title: STD (X) Change () Addition
Name: MULLIENS-TURNER, DOROTHY E
Address: 711 S. HOLLYBROOK DR. UNIT #204
City-St-Zip: PEMBROKE PINES, FL 330254024 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM TURNER

Electronic Signature of Signing Officer or Director

PD

10/13/2009

Date