PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 11 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800139040268
12/16/08--01003--013 **300.00

REINSTATEMENT

CR2E081 (12/07) 0708

DOCUMENT # P06000153835

1. Corporation Name
Abadin Remodeling Inc.
14236 SW 164 Terr
Miami, Fl. 33177

2. Principal Office Address - No P.O. Box #
14236 SW 164 Terr

Apt. #, etc.

City & State
Miami Fl

Country
USA

Zip
33177

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 12/14/2006

5. FEI Number
84-1721850
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for certified copies of Status

7. Name and Address of Current Registered Agent

Name
Sergio Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
14236 SW 164 Terr

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33177

☑ 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.

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 _____
REGISTERED AGENT MUST SIGN

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
PD	Sergio Gonzalez	14236 SW 164 Ter	Miami FL 33177

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: _____ 11/26/2008 786-202-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEC 1 - 2008