

NOV 6 2008 12:47 PM
P08000095414

NO. 353 Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000251206 3)))



H080002512063ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

08 NOV -6 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CED X2951

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ABRAHAM SEBASTIAN, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

766448
11/10 am

ARTICLES OF CORRECTION

for

ABRAHAM SEBASTIAN, INC.

Name of Corporation as currently filed with the Florida Dept. of State

P08000095414

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation
(Document Type Being Corrected)

filed with the Department of State on October 22, 2008
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Spelling error made regarding the initial director name of Lorena Dikle in

Article VII.

Correct the inaccuracy, incorrect statement, or defect:

Name should read as follows: Lorena Oikle

/s/ Lorena Oikle

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Lorena Oikle

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00

FILED
08 NOV - 6 AM 10:16
DEPT. OF STATE
TALLAHASSEE, FLORIDA