

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

 **98-99-AR**  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000052245**

1. Corporation Name

**ABI INTERNATIONAL, INC.**

FILED

JAN -5 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7288 N.W. 54TH ST MIAMI FL 33166 US	7170 SW 47th St. MIAMI FL 33155 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable <i>as above</i>		3. New Mailing Office Address, if Applicable <i>as above</i>		4. Date Incorporated or Qualified To Do Business in Florida <b>07/14/1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0505041</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ABICHANDANI, NARESH	5530 N.W. 72ND AVENUE 7170 SW 47th St. MIAMI FL	MIAMI FL 33166-3315
D	ABICHANDANI, VALERIE	5530 N.W. 72ND AVENUE 7170 SW 47th St	MIAMI FL 33166 33155
			3000002735483--3
			-01/08/99--01112--010 ****150.00 ****150.00
			3000002735483--3
			-01/08/99--01112--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABICHANDANI, NARESH 5530 N.W. 72ND AVENUE MIAMI FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **12/30/98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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: **SIGNATURE REQUIRED**  
NARESH ABICHANDANI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/30/98** (305) 668-5151  
Daytime Phone #

CR2E040 (9/98)

# Abi International Inc.

(2)

12/30/98

Department of State  
State of Florida  
Division of Corporations

Re: 1998 Corporation Report

Dear Sir/Madam:

We respectfully request that all penalties and fees be waived for the 1998 Annual report, as we did not receive any notices from your office. We have moved and had problems with the mail. The reinstatement application is the first advice we have received.

Our new address:  
7170 SW 47<sup>th</sup> St.  
Miami, FL 33155

We are enclosing (2) checks in favor of you and a copy of the reinstatement application we received.

- (1) for \$150.00 for year 1998
- (2) for \$150.00 for year 1999

We thank you and appreciate deeply your kind consideration and forgiveness.

Sincerely,  
Abi International Inc.



Naresh Abichandani  
President