2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P94000065674

Entity Name: AMERICAN BUSINESS EQUIPMENT INC.

Current Principal Place of Business:

1616 N. FLORIDA MANGO ROAD
A-11
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

1616 N. FLORIDA MANGO ROAD
A-11
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0519474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOCKLAIR, IVA
1616 N. FLORIDA MANGO ROAD
A-11
WEST PALM BEACH, FL 33409 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: IVA LOCKLAIR

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: DP ( ) Delete
Name: LOCKLAIR, IVA
Address: 127 CORDOBA CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DST ( ) Delete
Name: LOCKLAIR, JAMES B
Address: 127 CORDOBA CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DV ( ) Delete
Name: RICHARDS, LORIANNE
Address: 127 CORDOBA CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: IVA LOCKLAIR DP 01/06/2009

Electronic Signature of Signing Officer or Director Date