

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 PM 4:36

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# 894 000090803

1. Corporation Name

American Business Capital, Inc.

2. Principal Office Address

2431 Aloma Ave

Suite, Apt. #, etc.

Suite 127

City & State

Winter Park FL

Zip

FL 32792 USA

3. Mailing Office Address

PO Box 536140

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32803

Country

USA

REINSTATEMENT 07

4. Date Incorporated or Qualified To Do Business in Florida

1994

5. FEIN Number

59-3289136

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dan Helman

Street Address P. O. Box Number is Not Acceptable

2431 Aloma Ave

Suite, Apt. #, Etc.

Suite 127

City

Winter Park

State

FL

Zip Code

32792

000004769300--7

01/11/02 01048-002

****750.00 ****750.00

8. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of section

.55 or 5, F.S.

Signature of Registered Agent

David W. Helman

Date

12/31/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director of Florida non-profit corporations must list at least directors

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P-	Ken Ashworth	2431 Aloma Ave - Ste. 127	Winter Park FL 32792
D	Dan Helman	2431 Aloma Ave Ste. 127 Winter Park FL 32792	Winter Park FL 32792

10. I certify that a man or officer or director or trustee empowered to execute this application as provided for in chapter 6, F.S. If further certify that in filing this reinstatement application, the reason for dissolution has been eliminated, the corporation's name satisfies the requirements of section 6, 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 6, 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:

David W. Helman David W. Helman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/01

Daytime Phone#

4076732626

CR2E081 (9/01)