

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 30 AM 10:25

DOCUMENT # P95000078489

1. Corporation Name

AMERICAN BUSINESS COMPANY PRIVATE INCORPORATED

600003203406--2
-04/11/00--01065--005
***1050.00 ***1050.00

2. Principal Office Address

11 Vinton Street

Suite, Apt. #, etc.

City & State

Randolph, MA

Zip

02368

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/12/95

5. FEI Number

59-3326885

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

J. CLARK HAMILTON, JR., ESQ.

Street Address (P.O. Box Number is Not Acceptable)

4069 ATLANTIC BOULEVARD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32207

8. 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

3/28/00

REGISTERED AGENT MUST SIGN

9. 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
P/D	RUKHSANA RAJPOOT	11 VINTON STREET	RANDOLPH, MA 02368

10. 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:

Rukhsana Rajpoot, Rukhsana Rajpoot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2000

Date

(781) 784-0519

Daytime Phone #

CR2E081 (9/95)