

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2007 JAN 17 AM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500086170655

01/25/07--01005--012 **450.00

CR2E081 (8/05)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 96 000037553**

1. Corporation Name

ABAD INVESTMENT CORP

2. Principal Office Address

35 EDGEWATER DR

Suite, Apt. #, etc.

201

City & State

Coral Gables, FL

Zip

33133

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

05-01-96

5. FEI Number

650663263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$275 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANA AMADOR

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

35 EDGEWATER DR

Suite, Apt. #, Etc.

APT 201

City

Coral Gables

State
FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date

1-16-07

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	ANA ABAD	3400 SW 67 AVE	Miami FL 33155
VP	ANA AMADOR	35 EDGEWATER DR	#201 Coral Gables FL 33133

REINSTATEMENT

05-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

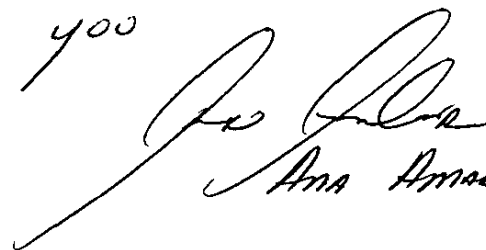
1-16-07 305-321-1644

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Florida Department of State
Annual Report Dpt.

As per our conversation I'm sending \$50.00 for my Annual Report, since I never received the report. I had notify your office of my address change and it seems that it was never changed. I thank you in advance for the waive of the late fee.

Thank you


Ana Amador.