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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JAN 17 AM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500086170655
01/25/07--01005--012 **450.00

CR2E081 (8/05)

DOCUMENT # P96000037553

1. Corporation Name

ABAD INVESTMENT Corp

2. Principal Office Address	3. Mailing Office Address
35 Edgewater Dr	SAME
Suite, Apt. #, etc. # 201	Suite, Apt. #, etc.
City & State Coral Gables, FL.	City & State
Zip 33133 Country U.S.A.	Zip Country

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 ☐ $8.75 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 _____ Date 1-16-07

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	Ana Abad	3400 SW 67 Ave	Miami FL 33155
VP	Ana Amador	35 Edgewater Dr	#201 Coral Gables FL 33133
			D 1/18/07
		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: _____ 1-16-07 305-321-1644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Annual Report Dpt.

As per our conversation I'm sending 450.00 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.