


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 FEB 14 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96000056725 <small>1. Corporation Name</small>					
America Business Link Companies, Inc.					
<b>2. Principal Office Address</b> 926 Truman Ave. <small>State, Apt. #, etc.</small>			<b>3. Mailing Office Address</b> 926 Truman Ave. <small>State, Apt. #, etc.</small>		
<small>City &amp; State</small> Key West FL		<small>City &amp; State</small> Key West, FL		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 7/5/1996	
<small>Zip</small> 33040	<small>Country</small> USA	<small>Zip</small> 33040	<small>Country</small> USA	<b>5. FEI Number</b> 59-3388865 <small>Applied For</small> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>					

100013170971  
02/27/03--01075--024 \*\*1208.75  
**REINSTATEMENT 00-03**

**7. Name and Address of Current Registered Agent**

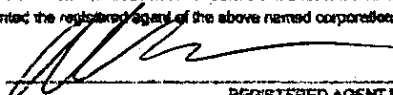
Name  
Albert L. Kelley  
Street Address (P.O. Box Number is Not Acceptable)  
926 Truman Ave.  
State, Apt. #, Etc.

City  
Key West

State  
FL

Zip Code  
33040

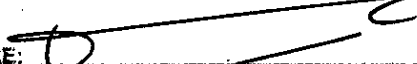
**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0605, F.S.**

Signature of Registered Agent  Date 2-10-3  
**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
PD	Armelle DeBruyn	1103 Florida Ave., #4	Palm Harbor, FL 34683

**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)(c), 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:  Armelle DeBruyn 2/11/03 305-296-0160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORP-110303