PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR 22 PM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045128 (0)

1. Corporation Name
ABS FRANCHISE Development Concepts INC.

REINSTATEMENT 93-99

FEIN
593543509

Principal Place of Business
9882 GLADES ROAD #E1
BOCA RATON FL 33434

Mailing Address
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
10078 LEXINGTON EST BLVD
Suite, Apt. #, etc.
City & State
BOCA RATON FL
Zip 33428 Country USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
05-21-97

5. FEI Number
593543509
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

000002859010--7
-04/30/99--01118--007
****900.00 ****900.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	4
D	SILVERSTONE, ELAINE	28 PLAYON DR	OLD BRIDGE NJ 08857
D	SILVERSTONE, BRYAN	10078 LEXINGTON EST. BLVD	BOCA RATON FL 33428
D	JACOBS, AMY	6144 NEWPORT VILLAGE WAY	LAKE WORTH FL 33496
V.P	BETTY SILVERSTONE	10078 LEXINGTON EST. BLVD	BOCA RATON FL 33428
P	ARTHUR SILVERSTONE	10078 LEXINGTON EST. BLVD	BOCA RATON FL 33428

8. Name and Address of Current Registered Agent
~~ABS~~ BETTY SILVERSTONE
10413 LAKE VISTA CIRCLE
BOCA RATON FL 33498

9. Name and Address of New Registered Agent
Name BETTY SILVERSTONE
Street Address (P.O. Box Number is Not Acceptable)
10078 LEXINGTON EST BLVD
Suite, Apt. #, Etc.
City BOCA RATON State FL Zip Code 33428

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Betty Silverstone REGISTERED AGENT MUST SIGN

Date 4-4-99 4-20-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. 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: Arthur Silverstone PRESIDENT 4-4-99 9547578657

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

CR2E041 (12/98)