

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000061860

1. Corporation Name

AB REAL ESTATE GROUP, INC.

Principal Place of Business

Mailing Address

10680 NW 37TH TERRACE
MIAMI FL 33178
US

10680 NW 37TH TERRACE
MIAMI FL 33178
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1997

5. FEI Number

65-0777469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MASELLIS, BARTOLOMEO	10680 NW 37TH TERRACE	MIAMI FL 33178
DS	MASELLIS, YOLEYDA	10680 NW 37TH TERRACE	MIAMI FL 33178

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-04/05/02--01046--003
****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROZENCWAIG, LESLIE A
STE. 960, 1 SE 3RD AVE.
MIAMI FL 33131

Name

Bartolomeo Masellis

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

10680 N.W. 37th Terr.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33178

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

REGISTERED AGENT MUST SIGN

Date 03/12/02

11. 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 #

03/12/02 305-542-7335

CR2E040 (8/01)