

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR 12 AM 8:11

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000072056

**1. Corporation Name**

ABSOLUMENT, INC.

**2. Principal Office Address**

468 N. CAMDEN DRIVE

Suite, Apt. #, etc.

City & State

BEVERLY HILLS, CA

Zip

90210

Country

USA

**3. Mailing Office Address**

468 N. CAMDEN DRIVE

Suite, Apt. #, etc.

City & State

BEVERLY HILLS, CA

Zip

90210

Country

USA

**REINSTATEMENT** 01-07

**4. Date Incorporated or Qualified**

To Do Business in Florida 09/01/98

**5. FEI Number**

65-0776213

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

PATRICK VIVIES

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

700 EAST DANIA BEACH BLVD

Suite, Apt. #, Etc.

202

City

DANIA

State

FL

Zip Code

33004

**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 03/26/07

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
D	CERRONE, MARC	468 N. CAMDEN DR	BEVERLY HILLS, CA 90210

3000097316513  
04/18/07--01023--014 \*\*1650.00

**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:**

MARCO CERRONE 03 31 07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

jc 4/16