

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

02103

DOCUMENT # P97000095932

1. Corporation Name

F. ABAY PRODUCE, INC.

2. Principal Office Address

715 N.W. 165 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

715 N.W. 165 AVENUE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33028

Country

BROWARD

City & State

PEMBROKE PINES, FL

Zip

33028

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1997

5. FEI Number

65-0797894

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

ABAY, FRANK

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

715 N.W. 165 AVENUE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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

REGISTERED AGENT MUST SIGN

Date

1/14/03

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	ABAY, FRANK	715 N.W. 165 AVENUE	PEMBROKE PINES, FL 33028

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 915-0992
Daytime Phone #

**F. ABAY PRODUCE, INC.
715 N.W. 165 AVENUE
PEMBROKE PINES, FL 33028**

January 10, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

TAXPAYER: F. ABAY PRODUCE, INC.
DOC. NO.: P97000095932
FORM: APPLICATION FOR REINSTATEMENT
PERIOD: 2002 and 2003

Gentlemen / Mesdames:

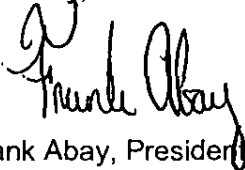
I am writing to you regarding the penalties imposed as a result of the late filling of the 2002 Uniform Business Report. Foremost, please note that it was not my willful neglect or intent to not timely pay and file the Corporate Annual Report but simply a result of the facts stated below.

During the middle of 2001 I moved business locations. As a result of the address change, I had all of my mail forwarded by the Post Office to the new address. During this change it seems that the original copy of the Report was never forwarded to the new address. It was not until this past week when I was contacted by my bank that I realized that the annual reports were never filed. Therefore, please update your records accordingly to reflect the correct address as **"715 Northwest 165th Avenue, Pembroke Pines, Florida 33028"**.

In light of the above facts, I respectfully request the abatement of all penalties. In addition, enclosed please find a check for \$300 which represents the annual fee for 2002 and 2003.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Frank Abay, President

Enclosures