

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT


 Jim Smith  
 Secretary of State

DIVISION OF CORPORATIONS

02 NOV 20 PM 3:16

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000046685

1. Corporation Name

A &amp; B HOLDINGS, INC.

Principal Place of Business

Mailing Address

 801 BRICKELL AVE  
 LOBBY  
 MIAMI FL 33131

 801 BRICKELL AVE  
 LOBBY  
 MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

05/26/1998

5. FEI Number

65-0837880

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARRERO, BEATRIZ	801 BRICKELL AVE., LOBBY	MIAMI FL 33131
VP	ORBEA, MELISSA	801 BRICKELL AVE., LOBBY	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

 RODRIGUEZ, JOSE A P.A.  
 150 ALHAMBRA CIRCLE, #1270  
 MIAMI FL 33134

 Name  
 ZOMERFELD, RAYMOND J., C.P.A.

 Street Address (P.O. Box Number is Not Acceptable)  
 999 PONCE DE LEON BLVD.

 Suite, Apt. #, Etc.  
 SUITE #1045

 City  
 CORAL GABLES

 State  
 FL

 Zip Code  
 33134

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-8-02

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 #

CREATED (8/02)

*Forget Me Not*  
*801 Brickell Avenue*  
*Miami FL 33131*

To Whom It May Concern:

I am sending this letter in reference to the Notice of Administrative Dissolution or Revocation I received. We never received our 1<sup>st</sup> and 2<sup>nd</sup> Uniform Business Reports for 2002. Please waive our reinstatement fee and enclosed find a check for \$150.00. If you have any questions please call us at:  
305-533-1600

✓  
Thank you,

Forget Me Not