


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P9800073329</u>			
1. Corporation Name <u>A.B.C. OF NORTH PALM BEACH INC</u>			
2. Principal Office Address <u>783 NORTH LAKE BLVD</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>NORTH PALM BEACH, FL</u>		City & State	
Zip <u>33408</u>	Country <u>U.S.A</u>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>08/19/1998</u>		5. FEI Number <u>65-6860472</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name <u>MY TRAN</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>397 KELSEY PARK DR</u>			
Suite, Apt. #, Etc. <u>***, **</u>			
City <u>PBG, FL ***</u>		State <u>FL</u>	Zip Code <u>33410</u>
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 <u>[Signature]</u>		Date <u>11/29/01</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>MY TRAN</u>	<u>397 KELSEY PARK DR</u>	<u>PBG, FL 33410</u>
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: <u>[Signature]</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>MY TRAN</u>	
Date <u>11/29-01</u>		Daytime Phone #	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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