

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 DEC -3 PM 5:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000073329
 1. Corporation Name
A.B.C. OF NORTH PALM BEACH INC

900004721329--4
 -12/12/01--01083--004
 ****900.00 ****900.00

2. Principal Office Address
783 NORTH LAKE BLVD
 Suite, Apt. #, etc.
 City & State
NORTH PALM BEACH, FL
 Zip
33408
 Country
U.S.A

3. Mailing Office Address
SAME
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. Date Incorporated or Qualified To Do Business in Florida
08/19/1998

5. FEI Number
65-6860472
 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
MY TRAN

Street Address (P.O. Box Number is Not Acceptable)
397 KELSEY PARK DR

Suite, Apt. #, Etc.
PBX, RX

City
PBG, FL 33410
 State
FL
 Zip Code
33410

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 [Signature] Date 11/29/01
 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
P	MY TRAN	397 KELSEY PARK DR	PBG, FL 33410

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] MY TRAN 11/29-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)