

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000073768**

1. Corporation Name

**ABAKUA INC.**

Principal Place of Business

Mailing Address

10801 SW 109TH COURT  
SUITE D-109  
MIAMI FL 33176

PO BOX 403322  
MIAMI FL 33140

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

2. New Principal Office Address, if Applicable

**PO BOX 403322**

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

Zip

**33140**

Country

Zip

Country

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

08/24/1998

5. FEI Number

65-0860128

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	SILVA, S	PO BOX 403322	MIAMI FL 33140
VP	SILVA, S SR.	PO BOX 403322	MIAMI FL 33140
S	SANTOS, A D	PO BOX 403322	MIAMI FL 33140

600024376006

11/03/03 01036 003 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVA, SAMUEL  
10801 SW 109TH COURT  
SUITE D-109  
MIAMI FL 33176

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

10/31/03

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

10/31/03

Daytime Phone #

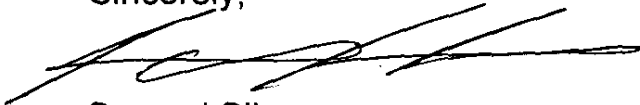
CR2E040 (7/03)

October 31, 2003

To: Whom may concern:

I Samuel Silva president of ABAKUA, INC. never received the first and second notice of the corporation file. If you have any further question you can contact me 786.326.2777.

Sincerely,

A handwritten signature in black ink, appearing to read 'Samuel Silva', with a long horizontal stroke extending to the right.

Samuel Silva