

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jlfn Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 NOV 20 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000080851

1. Corporation Name

AB Ventures I, Inc.

2. Principal Office Address

4901 N. Federal Highway

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

Ft. Lauderdale, Florida

City & State

Zip

33308

Country

USA

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

9/18/97

5. FEI Number

650867359

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

Kenneth T. Barber

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

4901 N. Federal Highway

Suite, Apt. #, Etc.

100

City

Ft. Lauderdale

State  
FL

Zip Code

33308

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]*

REGISTERED AGENT MUST SIGN

Date

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	Kenneth T. Barber	4901 N. Federal Highway, Suite 100	Ft. Lauderdale, FL 33308
D	Kenndall Allen	4901 N. Federal Highway, Suite 100	Ft. Lauderdale, FL 33308

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

10/28/02

Daytime Phone #

CR2E081 (9/01)