

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.
100

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, Florida

City & State

Zip Country
33308 USA

Zip Country

REINSTATEMENT

02

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

700008676827
10/29/02--01139--003 **251.00

Street Address (P.O. Box Number is Not Acceptable)
4901 N. Federal Highway

Suite, Apt. #, Etc.
100

City
Ft. Lauderdale

State Zip Code
FL 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/28/02 Daytime Phone #

CR2E081 (9/01)