2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000089230

Entity Name: F.A.B. CONSULTANTS. INC

FILED Oct 09, 2007 Secretary of State

y rva		51100E1711110, 1110.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
P.O. BOX 162509 MIAMI, FL 33116			280	9507 SW 160TH STREET 280 MIAMI, FL 33157		
Current M	Mailing Addres	ss:	New Maili	New Mailing Address:		
P.O. BOX MIAMI, FL						
FEI Number	: 65-0869472	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	Address of	f New Registered Agent:	
FABIO, HE 8340 SW MIAMI, FL	166TH STREE	Т				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATU	RE: HERBER	RT FABIO				
	Electro	nic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (FABIO, HERBE 8340 SW 166T MIAMI, FL 331	'H STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T (FABIO, DEBRA 8340 SW 166T MIAMI, FL 331	'H STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S (FABIO, NIGEL 8340 SW 166T MIAMI, FL 331		Title: Name: Address: City-St-Zip:	FABIO, NIGE	6TH STREET	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	FABIO, SHEI	6TH STREET	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT FABIO P 10/09/2007