

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000089230

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

FILED  
Dec 22, 2009  
Secretary of State

## Current Principal Place of Business:

6855 SW 81ST STREET  
260  
MIAMI, FL 33143

## Current Mailing Address:

P.O. BOX 570577  
MIAMI, FL 33257

## New Principal Place of Business:

18495 S. DIXIE HWY  
373  
MIAMI, FL 3315

## New Mailing Address:

18495 S. DIXIE HWY  
373  
MIAMI, FL 3315

FEI Number: 65-0869472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FABIO, HERBERT  
8340 SW 166TH STREET  
MIAMI, FL 33157 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HERBERT FABIO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FABIO, HERBERT  
Address: 8340 SW 166TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete  
Name: FABIO, DEBRA  
Address: 8340 SW 166TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: FABIO, NIGEL  
Address: 8340 SW 166TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete  
Name: FABIO, SHENELLE  
Address: 8340 SW 166TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ARIELLE, FABIO  
Address: 8340 SW 166TH STREET  
City-St-Zip: MIAMI, FL 33157

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

PD

12/22/2009

Electronic Signature of Signing Officer or Director

Date