

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 SEP 23 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9800009999

1. Corporation Name

AB DATA SERVICES, INC.

600008082246--7

-09/27/02--01065--030

****900.00 ****900.00

2. Principal Office Address

1470 N. Dixie Hwy.

3. Mailing Office Address

P.O. Box 23086

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

City & State

Ft. LAUDERDALE

City & State

Ft. LAUDERDALE

Zip

33304

Country

US

Zip

33307-3886

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1998

5. FEI Number

65-0889929

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

WILLIAM E. ASHLEY

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

1470 N. Dixie Hwy.

Suite, Apt. #, Etc.

#1

City

Ft. LAUDERDALE

State

FL

Zip Code

33304-1201

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

REGISTERED AGENT MUST SIGN

Date

9/20/02

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	WILLIAM E. ASHLEY	1470 N. Dixie Hwy #1	Ft. LAUDERDALE, FL 33304
D	BENJAMIN NETTLES	1470 N. Dixie Hwy #1	Ft. LAUD., FL 33304
D	JESSE L. BOYNTON	8500 SW 19 Ave.	MIAMI, FL 33173

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

9/20/02 954-523-7956

Daytime Phone #

CR2081 (9/01)