

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 21 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000000067

1. Corporation Name

ABE'S WHOLESALE, INC

2. Principal Office Address

2301 W. SAMPE RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

BLDG 4, SUITE 1A

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

Zip

33073

Country

BROWARD

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1/4/99

5. FEI Number

65-0908703

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

ALAN FISHMAN

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

2301 W. SAMPLE RD

400003230104--2

-05/01/00--01003--010

Suite, Apt. #, Etc.

BLDG 4, SUITE 1A

*****900.00 *****900.00

City

POMPANO BEACH

State

FL

Zip Code

33073

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

Alan Fishman

REGISTERED AGENT MUST SIGN

Date

4/20/00

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
P-D	STANLEY FREEMAN	2301 W. SAMPLE RD 4-1A	POMP. BEA, FL 33073
			LS!

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:

Stanley R. Freeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/00 98917-7365

Daytime Phone #