

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAR 10 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012588

1. Corporation Name

A.B. ENTERPRISES INC.

2. Principal Office Address - No P.O. Box #

9949 NW 89 AVE

3. Mailing Office Address

9949 NW 89 AVE

Suite, Apt. #, etc.

BAY 17

Suite, Apt. #, etc.

BAY 17

City & State

MEDLEY, FL

City & State

MEDLEY, FL

Zip

33178

Country

Zip

33178

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida **02-09-1999**

5. FEI Number

65-0893326

☐ 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

AMAURY BELLO

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

5380 S.W. 92ND AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

600197361686
03/10/11--01003--006 **1050.00

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

(X)

Date **03-08-2011**

REGISTERED AGENT MUST SIGN

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
DPT	AMAURY BELLO	5380 S.W. 92ND AVE.	MIAMI, FL 33165
VPS	JUAN I. NODARSE	6005 E. 4th AVE	HIALEAH, FL 33013

10. E-mail Address: _____

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

03-08-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #