

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 31 AM 9:47

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000040383.

1. Corporation Name

CAB & APB, INC.

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

15088 SW 34 St.

Suite, Apt. #, etc.

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3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

Davie, FL.

City & State

same

Zip

33331.

Country

USA

Zip

same

Country

same

4. Date Incorporated or Qualified To Do Business in Florida

5/4/99

5. FEI Number

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

Carlos A. Buendia

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

15088 SW 34 St.

Suite, Apt. #, Etc.

—

City

Davie

State

FL

Zip Code

33331

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 10/27/07

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
VS	Carlos A. Buendia	15088 SW 34 St.	Davie, FL 33331
P.	Astrid Buendia	15088 SW 34 St.	Davie, FL 33331

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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 contained in Chapter 119, 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

10/27/07 . 954-682-9938

Date

Daytime Phone #