

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

10/2  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 29 PM 4:06

DOCUMENT # **P99000064773**

1. Corporation Name

**ABZ VENTURES, INC.**

Principal Place of Business

**1833 SOUTHWEST 31ST AVENUE  
PEMBROKE PARK FL 33009**

Mailing Address

**1833 SOUTHWEST 31ST AVENUE  
PEMBROKE PARK FL 33009**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

**Sidney & Roberta Schreiberstein  
20281 E. Country Club Drive  
Apt. 1606  
Aventura, Florida 33180**

Address, If Applicable

Country

4. Date Incorporated or Qualified To Do Business in Florida

**07/21/1999**

5. FEI Number

**65-0938397**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SCHREIBSTEIN, SIDNEY	1833 SOUTHWEST 31ST AVENUE	PEMBROKE PINES FL 33009
D	SCHREIBSTEIN, ROBERTA	1833 SOUTHWEST 31ST AVENUE	PEMBROKE PINES FL 33009
	Sidney & Roberta Schreiberstein 20281 E. Country Club Drive Apt. 1606 Aventura, Florida 33180		800004685248-1 -11/16/01--01046--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**SCHREIBSTEIN, SIDNEY  
1833 SOUTHWEST 31ST AV  
PEMBROKE PINES FL 33009**

**Sidney & Roberta Schreiberstein  
20281 E. Country Club Drive  
Apt. 1606  
Aventura, Florida 33180**

9. Name and Address of New Registered Agent

Name

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

Apt. #, Etc.

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

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., 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)(l), 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

Daytime Phone #

10/25/01

305 932-5005

# Levy & Associates, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Joel I. Levy, CPA, MST  
Josh Freedman, CPA

October 22, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

2101 CORPORATE BLVD. NW, SUITE 317  
BOCA RATON, FL 33431  
TELEPHONE 561/998-7770  
FAX 561/998-7771  
EMAIL jilcpa@bellsouth.net

Re: ABZ Ventures, Inc.  
P99000064773

Gentlemen,

We are in receipt of your notice indicating that the above named corporation had been involuntarily dissolved. Upon review of the documentation, it appears that the original report was sent to an old address, and it was never forwarded to the correct address.

We are herewith enclosing the executed Application for Reinstatement along with a check in the amount of \$150.00, and our request that you accept this as our fee for the year, since the original was sent to the wrong address.

We thank you for your consideration in this matter.

Very truly yours,

Levy & Associates, P.A.

Joel I. Levy, CPA, MST, PFS

Cc: Sidney Schreibstein