PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 10 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000085952

1. Corporation Name

ABS OF FLORIDA STATE CORP.

W09-10498

REINSTATEMENT 09-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
x2400 Forsyth Rd.	xP.O. Box 195866
Suite, Apt. #, etc.	Suite, Apt. #, etc.
x #112	
City & State	City & State
orlando Fl.	winterSprings Fl.
Zip / Country	Zip / Country
32807 USA	32719 USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/27/1999

5. FEI Number: 650951616 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $ 30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SHIRAZPOUR, BEHZAD

Street Address (P.O. Box Number is Not Acceptable): 12677 HEADWATER CIRCLE

Suite, Apt. #, Etc.

City: WELLINGTON — State: FL — Zip Code: 33414

X 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: X _____ (REGISTERED AGENT MUST SIGN) — Date: X 4-3-09

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

	Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
X	P	Behnam Behbood	694 venture court	winter springs Fl 32708
X	V	mir mohammad mirlahfi	1009 Troon Trace	winter springs Fl 32708
X	S.	SHAHAREH HONARZAD	3105 ROYAL TROON	WOODSTOCK GA 30189
X	T.	BEHZAD SHIRAZPOUR	12677 HEADWATER CIR.	WELLINGTON FL 33414

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., and all taxes 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: X _____ — X 4-3-09 — 561-844-5000
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

$ 4/10

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