

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 24 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101499

1. Corporation Name

ABBA Consultants, Inc.

2. Principal Office Address

1500 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite 201

City & State

Ft. Lauderdale, Florida

Zip

33309

Country

USA

3. Mailing Office Address

1500 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite 201

City & State

Ft. Lauderdale, Florida

Zip

33309

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 11/19/99**

5. FEI Number
65-0962603

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Rebecca Ayala

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

1500 W. Cypress Creek Road

Suite, Apt. #, Etc.

Suite 201

City

Ft. Lauderdale

State

FL

Zip Code

33309

300031067443
03/24/04--01032--007 ***150.00

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

R. Ayala

Date

3/22/04

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
P	Rebecca Ayala	1500 W. Cypress Creek Rd., Suite 201	Ft. Lauderdale, FL 33309

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:

R. Ayala Rebecca Ayala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2004 (954) 958-8988

Date

Daytime Phone #

CR2E081 (01/04)

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