

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 16 PM 6:36

DOCUMENT # P99000106243

1. Corporation Name

ABACUS EQUITIES CORPORATION

Principal Place of Business

Mailing Address

3594 S. OCEAN BLVD., #303
 HIGHLAND BEACH FL 33487

3594 S. OCEAN BLVD., #303
 HIGHLAND BEACH FL 33487



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/06/1999

1200 N. FEDERAL Highway
 Suite, Apt. #, etc.

1200 N. FEDERAL Highway
 Suite, Apt. #, etc.

5. FEI Number

Applied For

300

200

65-0967020

Not Applicable

City & State

City & State

BOCA RATON

BOCA RATON

Zip

Country

Zip

Country

FL

USA

FL

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	MATTHEW MARKIN	3594 S. OCEAN BLVD # 303	HIGHLAND BEACH FL

300003441653-3
 -10/27/00--01018--009
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARKIN, MATTHEW
 3594 S. OCEAN BLVD., #303
 HIGHLAND BEACH FL 33487

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date Oct 12th 2000

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)(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: *[Signature]* MATTHEW MARKIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AD
 Date Oct. 12th 2000
 Daytime Phone # 561-447-8270

CR2E040 (8/00)

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Abacus Equities Corporation

1200 North Federal Highway Suite 303, Boca Raton FL 33432
Tel: 561-447-8270 Fax: 561-447-8271

October 12, 2000

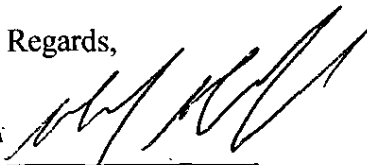
Department of State
Division of Corporations
P.O. Box: 6327
Tallahassee, FL 32314

Re: Reinstatement notice

Dear Sir or Madam:

Please be advise that I have never received any notices for the year 2000 prior to this reinstatement notice and for that the fees for reinstatement should be waived.

Regards,



Matthew Markin