

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
02 MAY 13 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106449

1. Corporation Name

A. B. H. INC
633 N.E. 167TH STREET #519
NORTH MIAMI BEACH, FL 33162

2. Principal Office Address

633 NE 167TH STREET

3. Mailing Office Address

633 NE 167TH STREET

Suite, Apt. #, etc.

519

Suite, Apt. #, etc.

519

City & State

NORTH MIAMI BEACH

City & State

NORTH MIAMI BEACH

Zip

33160

Country

USA

Zip

33160

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-09-1999

5. FEI Number

65-0978396

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

ANTONIO BULA

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

2930 POINT EAST DRIVE

Suite, Apt. #, Etc.

E-214

City

AVENTURA

State

FL

Zip Code

33160

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

05/08/02

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

PRES. ANTONIO BULA

2930 POINT EAST DR #E-214

AVENTURA, FL 33162

VICEP. ISABEL BULA

2930 POINT EAST DR #E-214

AVENTURA FL 33162

JBH/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/08/02

Daytime Phone #

CR2E081 (9/01)