PLEASE READ ALL INSTRUCTIONS BEFORE C								ING THIS FOR	₹M.		
API	PLICATION	NC		FLORID	A DEPARTME	NT OF STATE					
FOR			Sandra B. Mortham			FILED					
BEIN		1⊨NT			Secretary of			i 1 <u>/</u> _			
REINSTATEMENT S88983					IVISION OF CORPC	PRATIONS	97 JAN -6 PM 2:44				
1. Corporation Name								SECRETARY	′ ∩⊏ ೧೯४ ५ :		
ABS INVESTMENTS & ENTERPRISES, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
, in the second of the second								. v	A		
Principal Place of Business Mailing Address							! - !				
8943 TAFT ST			8943 TAFT ST								
PEMBROKE PINES FL 33024 F			PEMBROKE PINES FL 33024						THE STATE OF THE S		
							DEIN	STATEM	ENT	\mathcal{N} ,	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							15F414	O I L I MILLI	MAT		
New Principal Office Address, If Applicable New Mailing Office Address							4. Date Incomp	orated or Qualified ness in Florida	40/04/40	104	
Suite, Apt. #, etc.				Suite, Apt. #,	etc.				10/21/19	91	
City & State			City & State			5. FEI Numbe	65-0291287	_	Applied For		
•			<u> </u>			the same of the sa		Not Applicable			
Zip	ĺ	Country		Zip	Count	ry		E OF STATUS DESIRED 🗌	58.75 Addition	onal Fee require	
7. Names a	and Street Addr	esses of Ea	ach Officer and/o	r Director (Flo	rida nonprofit corpor	ations must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors 2				St O 3 (Do NOT U	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
Р	BURKE, RONALD				11601 NW 14TH CT.			PEMBROKE PINES FL 33026			
٧	CREARY, CARL				16500 SW 105TH CT.			MIAMI FL 33157			
		·····		<u> </u>			11	000205	197.	15	
•_								-01/09/97-	01021-	007	
								****375.5	 	13-13-1111	
							1				
	<u>;</u>							JAI	-U-	97	
Name and Address of Current Registered Agent							9. Name and A	Address of New Registe	red Agent		
BUREKE, RONALD											
·						2.O. Box Number is Not Acceptable)					
						City	State Zip Code				
40 (11						,		_]	FL		
		egistered a	igent of the abov	e named corpo	pration, am familiar w	ith and accept the ol	bugations of Secti	on 607.0505, F,S.			
Signature of Registered /	Agent 1	AB		NOTEDED : 2				Date 1- 2	<u> 9</u>	7	
			.		ENT MUST SIGN	. <u>.</u>					
11. Do De	es this co pt. of Rev	rporat ⁄enue	ion pay ai under S.	ny intang 199.032.	ible tax to th Florida Stat	ie utes. Yes	⊠ No □		er side for infor intangible tax.		

12. 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 filling 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.