PLEASE READ ALL INST	RUCTIONS BEFORE C	OMPLETING THIS FORM.	
FOR	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS	FILED	
DOCUMENT # V62672	VISION OF CONFORMIONS	97 MAR 28 PM 3: 07	
1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
AMERICAN BUSINESS SUPPLIES, INC.		MillerMoule	
Principal Place of Business Mailing Address			
10800 BISCAYNE BOULEVARD, SUITE 610 NORTH MIAMI, FLORIDA 33161		REINSTATEMENT	95-97
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		Date Incorporated or Qualified	
915 N.E. 125TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		To Do Business in Florida SEPTEMBER 8, 1992	
City & State City & State	SCO HOX	5. FEI Number 65-0367811	Applied For Not Applicable
NORTH MIAMI, FLORIDA NORTH M Zip Country DADE 33161	Country	6. S8.75 A	Additional Fee required Certificate of Status
33161 DADE 33161 DADE certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State /	/ Zip
P,D, MICHAEL CHIERICO 915 N.E. 125THSSTREET NORTH MIAMI, FLORIDA 3316:)RIDA 33161
		2000021301 -04/01/9701 ***1088.75	
		JB3	-28-97
8. Name and Address of Current Registered Agent Name Name			nt g
STEVEN M. ROSEN, ESQ. 5601 BISCAYNE BOULEVARD	Street Address (P	Street Address (P.O. Box Number is Not Acceptable)	
MIAMI, FLORIDA 33137 Suite, Apt. #, Et			
City			ip Code
10. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No XX (See other side for information on 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.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHIERTON Day			