

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

**MAY 14 AM 9:08**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** F15000001431

1. Corporation Name  
ABMM Holdings Corp

2. Principal Office Address - No P.O. Box #

517 Route 1 South

Suite, Apt. #, etc.

Suite 4100

City & State

Iselin, NJ

Zip

08830

Country

USA

3. Mailing Office Address

517 Route 1 South

Suite, Apt. #, etc.

Suite 4100

City & State

Iselin, NJ

Zip

08830

Country

USA

CR2E08: (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/02/2015

5. FEI Number

47-1069726

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

500313472435

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	David Ciotta	517 Route 1 South, Suite 4100	Iselin, NJ 08830
D	Michael R Zarelli	517 Route 1 South, Suite 4100	Iselin, NJ 08830
D	Dr Mort Sherman	517 Route 1 South, Suite 4100	Iselin, NJ 08830
D	Michael St. Clair	517 Route 1 South, Suite 4100	Iselin, NJ 08830
D	Phil Mortimer	517 Route 1 South, Suite 4100	Iselin, NJ 08830

10. E-mail Address: michael.zarelli@abmmfinancial.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.156, F.S.

**SIGNATURE:**

*Michael R Zarelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael R Zarelli

5/10/2018

732-475-0370

Date

Daytime Phone #

**F1500000 1431**  
**CT Corp.**

**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 5/14/2018

Acc#12016000072

*[Handwritten Signature]*

Name:	ABMM Holdings Corp
Document #:	F15000001431
Order #:	10971619 (line 3)

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

<b>Filing:</b>	Certified:
<b>Reinstatement</b>	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1050.00

This is a 1 - 2 filing.  
 Please file this reinstatement first and then file the accompanying withdrawal.

**Thank you!**

*Please call with any questions. Thank you so much!*  
*[Handwritten Signature]*