

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FILED

03 OCT 24 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000022430

Name and Mailing Address

0014479 01 AT 0.292 \*\*AUTO T2 0 0615 34108-541026



ABL INVESTMENT, LLC  
1101 EGRET'S WALK CIRCLE UNIT 101  
NAPLES FL 34108-5410



2. New Mailing Address C/O Jack Hilbert  
North Courthouse Square, 1000 Jackson

City, State, Zip  
Toledo, Ohio 43624-1573

Principal Place of Business

1101 EGRET'S WALK CIRCLE UNIT 101  
NAPLES FL 34108

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 08/29/2002

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

LYNCH, PAUL R  
101 E. KENNEDY BLVD STE. 2800  
TAMPA FL 33602-5151

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Paul R Lynch*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Abe Leiderman	1101 Egret's Walk Circle Unit 101	Naples, FL 34108

000024422830  
11/04/03--01066--019 \*\*150.00

REINSTATEMENT

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

**SIGNATURE REQUIRED**

Date

Daytime Phone # 419-321-1256

Typed or printed name of signing Managing Member/Manager

Abe Leiderman