

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT -7 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000047632

1. Limited Liability Company's Name

ABLE INVEST, LLC

500186376085
10/06/10--01034--017 **516.25
CR2E041 (11/09)

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

480 WEST 84TH ST.

Suite, Apt. #, etc.

A-201

City & State

HALEAH, FL

Zip

33014

Country

USA

3. Mailing Office Address

480 WEST 84TH ST.

Suite, Apt. #, etc.

A-201

City & State

HALEAH, FL

Zip

33014

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

6/24/2004

6. FEI Number

208648589

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

Name

ANTONIO DELGADO

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

480 WEST 84TH ST

Suite, Apt. #, Etc.

A-201

City

HALEAH

State

FL

Zip Code

33014

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. 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

ANTONIO DELGADO

REGISTERED AGENT MUST SIGN

Date 10/05/2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	EDDO BULT	480 W 84 ST, #A201 HALEAH, FL 33014	HALEAH, FL 33014
REINSTATEMENT			
08-2010			
L. SELLERS			
OCT - 8 2010			
EXAMINER			

11. E-mail Address:

(To be used for future annual report notifications)

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 608.408, 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]

Date

SEP 15, 2010

Daytime Phone #

Typed or printed name of signing Managing Member/Manager