

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

10 MAY -6 PM 1:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

100173445071 03/29/10--01064--018 **550.00

CR2E041 (11/09)

DOCUMENT #

L05000084638

Limited Liability Company's Name

ABBL, LLC

W10-15932

Principal Office Address - No P.O. Box #

411 CLEVELAND ST

Mailing Office Address

10 SHAHAB EMRAWI

Suite, Apt. #, etc.

182

Suite, Apt. #, etc.

PO BOX 357

City & State

CLEARWATER FL

City & State

SHERIDAN OR

Zip

33755

Country

USA

Zip

97378

Country

USA

State/Country of Formation

FLORIDA

Date Organized or Qualified To Do Business in Florida

8/26/05

FEI Number

03 0569239

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

Name and Address of Current Registered Agent

Name

JAMES J. JACKSON

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

411 CLEVELAND ST

Suite, Apt. #, Etc.

182

City

CLEARWATER

State

FL

Zip Code

33755

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.

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

[Signature]

Date

3/17/10

REGISTERED AGENT MUST SIGN

Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entries for SHAHAB EMRAWI and L. SELLERS.

100173445071 05/04/10--01012--009 **5.00

REINSTATEMENT 07-2010

E-mail Address: x shahab@sbcglobal.net

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.

Signature of

Managing Member/Manager

[Signature]

Date

22 Mar 2010

Daytime Phone #

818 416-6367

Typed or printed name of signing Managing Member/Manager

SHAHAB EMRAWI