

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILES

14 SEP 11 AM 3:24

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DOCUMENT # L05000105659

1. Limited Liability Company's Name
Abbie, L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
4153 Heltons Way

3. Mailing Office Address
4153 Heltons Way

4. State/Country of Formation

Suite, Apt. #, etc.

5. Date Organized or Qualified To Do Business in Florida
2005

City & State
Jay, FL

City & State
Jay, FL

6. FEI Number
20-6845796

Zip Country
32565

Zip Country
32565

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Jerrel Anderson

Street Address (P.O. Box Number is Not Acceptable)
4153 Heltons way

Suite, Apt. #, Etc.

City State Zip Code
Jay FL 32565

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09/11/14--01003--015 **655.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent [Signature]

Date Sept, 9, 2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Mgr.	Robbie Ruth Anderson Trust	4153 Heltons Way	Jay, FL 32565

REINSTATEMENT
2014-2014

11. E-mail Address: Pace2002000@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager [Signature] Date 9-9-2014 Daytime Phone # 850-232-2345

Typed or printed name of signing Authorized Representative/Manager Jerrel Anderson

SEP 11 2014