


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

**09 JAN -8 PM 3:33**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # L07000002962</b>	
<b>1. Entity Name</b> ABITA PROPERTIES, LLC	

<b>Principal Place of Business</b> 420 LINCOLN ROAD, #402 MIAMI BEACH, FL 33139	<b>Mailing Address</b> 420 LINCOLN ROAD, #402 MIAMI BEACH, FL 33139
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



12292008 REIN-LLC CR2E101 (1/07)

<b>4. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  GIBSON, EVERETT B JR. 420 LINCOLN ROAD, #402 MIAMI BEACH, FL 33139	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE Everett B. Gibson Jr. DATE 12-29-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, EVERETT B JR. 420 LINCOLN ROAD, #402 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

SIGNATURE: Everett B. Gibson Jr DATE 12-29-08 DAYTIME PHONE # 305-479-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE