

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
12 SEP 10 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000015397

1. Limited Liability Company's Name

*ABI, LLC*

**ARW PROPERTY, LLC**

KS

**REINSTATEMENT** 10-12

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

7828 St. Andrews Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Zip

33467

Country

US

Zip

Country

4. State/Country of Formation

FL/US

5. Date Organized or Qualified  
To Do Business in Florida

02/12/2007

6. FEI Number

208498792

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 **Karen B. Gattozzi**

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

1109 South Congress Avenue

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

E-mail Address:  
500238594455  
08/16/12--01034--018 \*\*520.00

kgatt@aol.com

(To be used for future annual report notices)

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

*Karen Brown/Gattozzi*

Date

8/14/12

REGISTERED AGENT MUST SIGN

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
MGR	Ana R. Wiggins	7828 St. Andrews Road	Lake Worth, FL 33467

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

*Ana R. Wiggins*

Date

8/14/12

Daytime Phone #

*561-432-0511*

Typed or printed name of signing Managing Member/Manager

*Ana R. Wiggins*