

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 32302

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.

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  
32565

Country

Zip  
32565

Country

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  
Jay

State  
FL

Zip Code  
32565

600264249726  
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]

REGISTERED AGENT MUST SIGN

Date Sept, 9, 2014

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