

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

DOCUMENT # LOG0000001281

1. Limited Liability Company's Name

AAA BCO, LLC  
P.O. Box 176  
Trevoze Pa 19053

2. Principal Office Address

77 NE Harbor Dr

Suite, Apt. #, etc.

City & State

Boca Raton Fla

Zip

33431

Country

USA

3. Mailing Office Address

P.O. Box 176

Suite, Apt. #, etc.

City & State

Trevoze Penna

Zip

19053

Country

USA

4. State/Country of Formation

Fla USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

23-3071933

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ARTHUR C. ABBOTT

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

77 NE HARBOR DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

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

Arthur Abbott  
REGISTERED AGENT MUST SIGN

Date 2/8/02

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

MEM ARTHUR C. ABBOTT 77 NE HARBOR DR. BOCA RATON, FL 33431

**REINSTATEMENT** 01.02  
acc

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 made under oath.

Signature of  
Managing Member/Manager

Arthur Abbott

Date 2/8/02

Daytime Phone # (215) 245-6666

Typed or printed name of signing Managing Member/Manager

ARTHUR C. ABBOTT

CR2E041 (9/01)