

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

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000009620

1. Limited Liability Company's Name

Abetta-Tech, LLC

2. Principal Office Address

1000 W. McNab Road

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip Country

33069 USA

3. Mailing Office Address

1000 W. McNab Road

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip Country

33069 USA

REINSTATEMENT 2001

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1042216

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Monte C. Kasten

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

1000 W. McNab Road

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

100004653781-6

-10/25/01--01072--016

****155.00 ****155.00

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

Monte Kasten
- REGISTERED AGENT MUST SIGN

Date 10/16/01

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	Monte Kasten	1000 W. McNab Road	Pompano Beach, FL 33069

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.

Signature of
Managing Member/Manager

Monte Kasten

Date 10/16/01

Daytime Phone #

954-785-4343

Typed or printed name of signing Managing Member/Manager

Monte Kasten

CR2E041 (9/01)