PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS			ry of State	FILED 10 FEB 16 PM 3: 50
DOCUMENT # L0100008990 1. Limited Liability Company's Name ABACO DEVELOPMENT, LLC				TATLATIASSEE, FLORIDA
Principal Office Address - No P.O. Box # 3. Mailing Office Address				0250710-01013-007 ** 282.50 CR2E041 (11/09)
3541 Harbour Drive Suite, Apt. #, etc.		3541 Harbour Drive ·		4. State/Country of Formation Florida / USA 5. Date Organized or Qualified
City & State Mount Dora, Florida		City & State Mount Dora, Florida		To Do Business in Florida
32757	Country USA	Zip 32757	Country USA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name Nino J. Gagliano, Sr. Street Address (P.O. Box Number is Not Acceptable) 3541 Harbour Drive Suite, Apt. #, Etc. City Mount Dora, State Zip Code 32757 9. I, being appointed the registered agent of the above named limited fiability company, am familiar with and a				in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.
Signature of Registered Agent (LISE) TO Date 1/28/2018 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers				
Titlee	Name of Street Address of Er			
MGRM Nino J. Gagliano S. HAWKES FEB 1 7 2010 EXAMINER				
11. E-mail Address: (To be used for future annual report notifications) 12. 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 Typed or printed name of signing Managing Member/Manager				



ABACO Development, LLC

3541 Harbour Drive • Mount Dora, Fla. 32757 352-383-2222 • FAX 352-383-2276

February 5, 2010

Ms. Suzanne Hawkes Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re.: Reinstatement for Corporation – Document # L01000008990

Dear Ms. Hawkes:

In follow-up to the conversation with Ms. Neysa of 02/04/2010, I am writing this correspondence to you.

Please find enclosed check # 3285 in the amount of \$138.75, representing the amount due for the year 2010. Certainly if I have misunderstood again, please do not hesitate to contact me. I hope that I got it correct this time. Sorry for the confusion.

News Sutosemer

Thanking you in advance for yours and Neysa's assistance.

Very truly yours,

ABACQ Development, LLC

Nino J. Gagliano, Sr., MGRM

NJG, Sr./jw

encl.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2010

ABACO DEVELOPMENT, LLC 3541 HARBOUR DRIVE MOUNT DORA, FL 32757

SUBJECT: ABACO DEVELOPMENT, LLC

Ref. Number: L01000008990

We have received your document for ABACO DEVELOPMENT, LLC and your check(s) totaling \$282.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$133.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 510A00002926