

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -2 AM 9:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000017729

1. Limited Liability Company's Name

GABIART TECHNOLOGIES LLC

500156586225
06/02/09--01037--017 **416.25
CR2E041 (10/08)

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

7220 NW 36 ST

3. Mailing Office Address

7220 NW 36 ST

Suite, Apt. #, etc.

550

Suite, Apt. #, etc.

550

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **10/16/2001**

6. FEI Number

65-1146132

☐ 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

FABIAN PENIN

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

7220 NW 36 ST

Suite, Apt. #, Etc.

550

City

MIAMI

State

FL

Zip Code

33166

☒ A \$100 reinstatement fee is imposed, except 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.

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

REGISTERED AGENT MUST SIGN

Date **05/22/09**

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	FABIAN PENIN	7220 NW 36 ST # 550	MIAMI, FL 33166
	L. SELLERS		
	JUN - 8 2009		
	EXAMINER		

REINSTATEMENT 07-09

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

Date **05/22/09**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FABIAN PENIN