PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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DOCUMENT # L02000026976

1. Limited Liability Company's Name
Abney-J.LLC

2. Principal Office Address	3. Mailing Office Address
11501 S.W.81 Ter	11501 S.W.81 Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33173 Country: USA	Zip: 33173 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 10/11/2002

6. FEI Number: ___ 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: Jerry Wayne Abney

Street Address (P.O. Box Number is Not Acceptable): 11501 S.W.81 Ter

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33173

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: Jerry W Abney
REGISTERED AGENT MUST SIGN

Date: 13 Jan 06

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	Jerry Wayne Abney	11501 S.W.81 Ter	Miami, FL 33173
		REINSTATEMENT 04-06	

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: Jerry W Abney Date: _____ Daytime Phone # (305) 270-1739

Typed or printed name of signing Managing Member/Manager: Jerry Wayne Abney