


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN -3 PM 3:50

<b>DOCUMENT # L03000006632</b>																													
<b>1. Entity Name</b> ABFB FLORIDA, LLC																													
<b>Principal Place of Business</b> 6755 WILSON ROAD WEST PALM BEACH, FL 33413			<b>Mailing Address</b> 6755 WILSON ROAD WEST PALM BEACH, FL 33413																										
<b>2. Principal Place of Business</b> 1540 DONNA ROAD		<b>3. Mailing Address</b> Suite, Apt. #, etc.																											
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<b>City &amp; State</b> WEST PALM BEACH FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 74-3114310																									
<b>Zip</b> 33409		<b>Country</b> U.S.A.		<b>Applied For</b> Not Applicable																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>																											
<b>6. Name and Address of Current Registered Agent</b> BARBIERI, ANTHONY T 6755 WILSON ROAD WEST PALM BEACH, FL 33413			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City																										
BARBIERI, ANTHONY T 6755 WILSON ROAD WEST PALM BEACH, FL 33413			FL Zip Code																										
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>																													
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State																										
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																										
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>																													
<b>SIGNATURE:</b> _____ ANTHONY BARBIERI				8/15/04 561-712-9882																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #																									

REINSTATEMENT 04