PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2004 DEC 20 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600043681756
12/28/04--01056--013 **155.00

DOCUMENT # L03000009674

1. Limited Liability Company's Name

ABH Enterprises, L.L.C.

2. Principal Office Address		**3.** Mailing Office Address	
1115 Citrus Avenue		1115 Citrus Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota, FL		City & State: Sarasota, FL	
Zip: 34236	Country: U.S.	Zip: 34236	Country: U.S.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: March 18, 2003

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: Bruce P. Chapnick, Esq., Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

Street Address (P.O. Box Number is Not Acceptable): 2033 Main Street

Suite, Apt. #, Etc.: Suite 600

City: Sarasota | State: FL | Zip Code: 34237

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 _____ Date 12/16/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	Ann B. Hollins	1115 Citrus Avenue	Sarasota, FL 34236

REINSTATEMENT

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 12/13/04 Daytime Phone # (941) 955-1384

Typed or printed name of signing Managing Member/Manager: Ann B. Hollins, Managing Member