

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 17 AM 9:52

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000018456

1. Limited Liability Company's Name

Abena Construction LLC

2. Principal Office Address

2221 NE 164th St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

Zip

33160

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

05/22/2003

6. FEI Number

16-1668311

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

Appoline Abena Semunovic - BRUNO SEMUNOVIC

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

373 Poinciana Drive

Suite, Apt. #, Etc.

1126

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

*[Signature]*

Date

11-15-2006

REGISTERED AGENT MUST SIGN

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	Appoline A Semunovic	373 Poinciana Dr #1126	Sunny Isles Bch, FL 33160
Mgrm	Bruno Semuovic	373 Poinciana Dr #1126	Sunny Isles Bch, FL 33160

REINSTATEMENT 2006

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

*[Signature]*

Date

11-15-2006

Daytime Phone #

786 277 2461

Typed or printed name of signing Managing Member/Manager

Appoline ABENA SEMUNOVIC