

L04000025171

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -8 PM 4:19

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000025171

1. Limited Liability Company's Name
A BAR I, LLC

PK

800163430168

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #
110 N Federal Hwy.
Suite, Apt. #, etc.
807
City & State
Ft. Lauderdale, FL
Zip Country
33301

3. Mailing Office Address
110 N Federal Hwy
Suite, Apt. #, etc.
807
City & State
Ft. Lauderdale, FL
Zip Country
33301

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
3/31/2004

6. FEI Number
41-2133521
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name
Robert M. Fortson IV

Street Address (P.O. Box Number is Not Acceptable)
1216 SE 2nd Street

Suite, Apt. #, Etc.

City State Zip Code
Ft. Lauderdale FL 33301

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 _____ Date 12-7-09

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
Mng	Robert M. Fortson IV	1216 SE 2nd Street	Ft. Lauderdale, FL 33301
REINSTATEMENT 2007-2009			

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 12-7-09 Daytime Phone# 239-537-3553

Typed or printed name of signing Managing Member/Manager _____



CORPORATION SERVICE COMP

L04000025171

ACCOUNT NO. : I20000000195

REFERENCE : 210444 7229429

AUTHORIZATION :

COST LIMIT : \$ 116.25

ORDER DATE : December 8, 2009

ORDER TIME : 11:07 AM

ORDER NO. : 210444-005

CUSTOMER NO: 7229429

FILED
STATE
DIVISION OF CORPORATIONS
09 DEC - 8 PM 4: 19

DOMESTIC FILINGS

NAME: A BAR I, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 DEC - 8 PM 1: 42
NO. 1000000000
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS