

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 APR 13 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

L04000026992

1. Limited Liability Company's Name

GABIO, LLC

200175656622  
04/14/10--01002--024 \*\*793.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

19500 Turnberry Way

Suite, Apt. #, etc.

Unit 27AB

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

19500 Turnberry Way

Suite, Apt. #, etc.

Unit 27AB

City & State

Aventura, FL

Zip

33180

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 4/9/04

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

Robert Steinfink

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

19500 Turnberry Way

Suite, Apt. #, Etc.

Unit 27AB

City

Aventura

State

FL

Zip Code

33180

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

*Robert Steinfink*

REGISTERED AGENT MUST SIGN

Date 4/9/10

**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	Robert Steinfink	19500 Turnberry Way	Aventura, FL 33180

REINSTATEMENT 06-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

*Robert Steinfink*

Date 4/19/10

Daytime Phone #

(305) 931-4905

Typed or printed name of signing Managing Member/Manager