

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

Date 4/9/10

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
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