

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 17 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000047632

1. Limited Liability Company's Name

Able Invest, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 480 W. 84 St.		3. Mailing Office Address	
Suite, Apt. #, etc. Ste. A-201		Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State	
Zip 33014	Country Mia-Dade	Zip	Country

4. State/Country of Formation Miami-Dade County	
5. Date Organized or Qualified To Do Business in Florida 6/24/2004	
6. FEI Number 20-8648589	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Eddo Bult	
Street Address (P.O. Box Number is Not Acceptable) 480 W. 84th Street	
Suite, Apt. #, Etc. Ste. A-201	
City Hialeah	State FL
Zip Code 33014	

☐ 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

REGISTERED AGENT MUST SIGN

000101936210

05/09/07 Date 01009--002 **250.00

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
M/M	Eddo Bult	480 W. 84th St. #A201	Hialeah, FL 33014

REINSTATEMENT 05-07

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 04-12-07

Daytime Phone # (305) 558-6280

Typed or printed name of signing Managing Member/Manager

Eddo Bult