

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT -7 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000047632**

1. Limited Liability Company's Name

ABLE INVEST, LLC

500186376085
10/06/10--01034--017 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 480 WEST 84TH ST.		3. Mailing Office Address 480 WEST 84TH ST.	
Suite, Apt. #, etc. # A-201		Suite, Apt. #, etc. # A-201	
City & State HALEAH, FL		City & State HALEAH, FL	
Zip 33014	Country USA	Zip 33014	Country USA

4. State/Country of Formation FL USA	
5. Date Organized or Qualified To Do Business in Florida 6/24/2004	
6. FEI Number 208648589	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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
ANTONIO DELGADO

Street Address (P.O. Box Number is Not Acceptable)
480 WEST 84TH ST

Suite, Apt. #, Etc.
A-201

City
HALEAH

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: *[Signature]* **ANTONIO DELGADO** REGISTERED AGENT MUST SIGN

Date: **10/05/2010**

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
MM	EDDO BULT	480W84ST, #A201 HALEAH, FL 33014	HALEAH, FL 33014

REINSTATEMENT
08-2010

L. SELLERS
OCT - 8 2010
EXAMINER

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 608.408, 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: **10/15/2010** Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: _____