

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR 23 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000145166520  
03/24/09--01030--030 \*\*138.75

CR2E041 (12/07)

DOCUMENT # L04000051920

1. Limited Liability Company's Name

HOWARD ABBOTT, LLC

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

14221 SE Sunset Harbor Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 18  
Suite, Apt. #, etc.

City & State

WEIRSDALE FL 32195

Zip Country  
32195 USA

City & State

EAST LAKE WEIR FL

Zip Country  
32133 USA

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

235-64-6831

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  
HOWARD ABBOTT

Street Address (P.O. Box Number is Not Acceptable)  
14221 SE Sunset Harbor Rd

Suite, Apt. #, Etc.

Wei

City  
Weirsdale

State

FL

Zip Code

32195

☐ 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

Howard Abbott  
REGISTERED AGENT MUST SIGN

Date 3-2-09

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
MEM	HOWARD ABBOTT	14221 SE Sunset Harbor Rd	WEIRSDALE FL 32195
REINSTATEMENT 08-09 DB			
000145166520 03/06/09--01043--002 **243.75			

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

Howard Abbott

Date 3-2-09

Daytime Phone # 352-425-4659

Typed or printed name of signing Managing Member/Manager