

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000065649

1. Limited Liability Company's Name

ABC Riviera properties llc

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

2730 South Falkenburg Rd.

Suite, Apt. #, etc.

City & State

Riverview, Florida

Zip

33578

Country

USA

3. Mailing Office Address

2730 South Falkenburg Rd.

Suite, Apt. #, etc.

City & State

Riverview, Florida

Zip

33578

Country

USA

4. State/Country of Formation

Florida/Hillsborough

5. Date Organized or Qualified

To Do Business in Florida September 2, 2004

6. FEI Number

56-2478339

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

Donald L Arendt

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

102 Riviera Dunes Way

Suite, Apt. #, Etc.

138

City

Palmetto

State

FL

Zip Code

34221

☐ 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

Donald L Arendt

Date September 30, 2009

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
<i>mgrm</i>	Donald L Arendt	102 Riviera Dunes Way	Palmetto, Florida 34221
<i>mgrm</i>	Tobot LLC	8801 Industrial Dr.	Tampa, Florida 33637
<i>mgrm</i>	John S. Cook Family Trust	10411 Pine Ave	Riverview, Florida 33569

REINSTATEMENT 07-09

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

Donald L Arendt

Date Sept. 30 2009

Daytime Phone # 941-650-6789

Typed or printed name of signing Managing Member/Manager Donald L Arendt

N. Collins

OCT - 7 2009

FILED
09 OCT -6 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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