

03/04/2008 TUE 14:40 FAX

001/002

Division of Corporations

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L05000007109

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : T20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

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LIMITED LIABILITY REINSTATEMENT

ABACCUS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25

\$416.25

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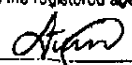
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000007109 1. Limited Liability Company's Name ABACCUS, LLC.			
2. Principal Office Address - No P.O. Box # 428 SW 8 STREET Suite, Apt. #, etc. #8 City & State MIAMI, FL Zip Country 33130 US		3. Mailing Office Address 1629 NW N. RIVER DR. Suite, Apt. #, etc. 201 City & State MIAMI, FL Zip Country 33125 US	
8. Name and Address of Current Registered Agent Name FRANCISCO RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 1629 NW N. RIVER DR. Suite, Apt. #, Etc. 201 City State Zip Code MIAMI FL 33125		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 01/24/2005 6. FEI Number 26-2091314 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
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  Date 03/03/08 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
PD	FRANCISCO RODRIGUEZ	1629 NW N. RIVER DR.	MIAMI, FL 33125
REINSTATEMENT 2006-08			
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 608.408, 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  Date 03/03/2008 Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager FRANCISCO RODRIGUEZ			

CR2E041 (12/07)

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