L05000007109

Florida Department of State
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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DIVISION OF CORPORATIONS
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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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J. BRYAN
MAR - 5 2008
EXAMINER

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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

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DIVISION OF CORPORATIONS

DOCUMENT # L05000007109

1. Limited Liability Company's Name
ABACCUS, LLC.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
426 SW 8 STREET		1629 NW N. RIVER DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#8		201	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33130	US	33125	US

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

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: MIAMI | State: FL | Zip Code: 33125

☑ 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 _____ 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