

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 FEB -3 AM 8:52

DOCUMENT # L05000032612

1. Limited Liability Company's Name

The Aberly Group, LLC

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

1417 Sadler Road

Suite, Apt. #, etc.

#327

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Fernandina Beach  
Florida

City & State

Zip

32034

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4/01/2005

6. FEI Number

☐ 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

Thomas L. Williams

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

1417 Sadler Road

Suite, Apt. #, Etc.

#327

City

Fernandina Beach

State

FL

Zip Code

32034

☐ 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

Thomas L. Williams

Date

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
mgr	Thomas L. Williams	1417 Sadler Road	Fernandina Beach 32034

**REINSTATEMENT** 2007-08 JB

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12/08/08 01032 018

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

Thomas L. Williams

Date

1/29/09

Daytime Phone #

904 491 6877

Typed or printed name of signing Managing Member/Manager

Thomas L. Williams