

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

08 AUG 28 PM 1:39

DOCUMENT # L05000057749

1. Limited Liability Company's Name

ABARE, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 9100 S. Dadeland Blvd. Suite, Apt. #, etc. Ste 912 City & State Miami, Florida Zip 33156		Country usa		3. Mailing Office Address 9100 S Dadeland Blvd Suite, Apt. #, etc. Ste 912 City & State Miami, Florida Zip 33156		Country usa	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 6-10-2005	
6. FEI Number 01-0837828	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name AURELIO A PIEDRA			
Street Address (P.O. Box Number is Not Acceptable) 9100 S DAELAND BLVD			
Suite, Apt. #, Etc. STE 912			
City MIAMI	State FL	Zip Code 33156	

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 Aurelio A Piedra Date July 28, 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
MGRM	ANA MARIA PACCIORETTI	9100 S DAELAND BLVD STE 912	MIAMI, FL 33156

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REINSTATEMENT 2006-08

11. 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 Ana Paccioretti Date 7/28/08 Daytime Phone # 305-671-0003

Typed or printed name of signing Managing Member/Manager ANA MARIA PACCIORETTI