

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

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6-10-2005

6. FEI Number

01-0837828

☒ 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

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*  
REGISTERED AGENT MUST SIGN

Date

*July 28, 08*

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

000134435288  
08/13/08--01027--004 \*\*416.25

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 608.406, 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 Maria Paccioretti*

Date

*7/28/08*

Daytime Phone # 305-671-0003

Typed or printed name of signing Managing Member/Manager

ANA MARIA PACCIORETTI