

2006

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 NOV -6 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000062811

1. Limited Liability Company's Name

ABK ENTERPRISES, L.L.C.

700137710617
11/06/08--01035--008 **546.25

CR2E041 (12/07)

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

5800 WAXMYRTLE WAY

Suite, Apt. #, etc.

3. Mailing Office Address

5800 WAXMYRTLE WAY

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34109

Country

US

Zip

34109

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06/23/2005

6. FEI Number

56-2529080

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

KENT A SKRIVAN, ESQ

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

801 LAUREL OAK DRIVE

Suite, Apt. #, Etc.

SUITE 705

City

NAPLES

State

FL

Zip Code

34108

☒ 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

6/23/08

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	ALICIA B KELLEY	5800 WAXMYRTLE WAY	NAPLES, FL 34109
MGRM	IVAN BROWNER	4911 N.W. 104TH AVE.	POMPANO BEACH, FL 33076
MGRM	STEVEN BROWNER	9543 N.W. 28TH STREET	POMPANO BEACH, FL 33065

REINSTATEMENT

06-08

\$ 416.25

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

Date 06/20/2008

Daytime Phone # 239-598-1329

Typed or printed name of signing Managing Member/Manager

ALICIA B KELLEY