

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN 28 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000075215

1. Limited Liability Company's Name

A.B.E. Construct.bn Services LLC

500167439375  
01/28/10--01005--025 \*\*416.25

CR2E041 (11/09)

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

6055 Huckleberry Ln

Suite, Apt. #, etc.

3. Mailing Office Address

6055 Huckleberry Ln

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32303

Country

U.S.

City & State

Tallahassee FL

Zip

32303

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2005

6. FEI Number

043821766

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

Adam Ely

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

6055 Huckleberry Ln

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/28/10

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
Managing member	Adam Ely	6055 Huckleberry Ln	Tallahassee FL 32303

**REINSTATEMENT 08-10**

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

[Signature]

Date 1/28/10

Daytime Phone # 850 591 6816

Typed or printed name of signing Managing Member/Manager