

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000105659

1. Limited Liability Company's Name

Abbie, L.L.C.

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

4153 Heltons Way

Suite, Apt. #, etc.

City & State

Jay, FL

Zip

32565

Country

3. Mailing Office Address

4153 Heltons Way

Suite, Apt. #, etc.

City & State

Jay, FL

Zip

32565

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

2005

6. FEI Number

20-6845796

☐ 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

Jerrel Anderson

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

4153 Heltons Way

Suite, Apt. #, Etc.

City

Jay

State

FL

Zip Code

32565

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date Sept, 9, 2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>Mgr.</u>	<u>Robbie Ruth Anderson</u>	<u>4153 Heltons Way</u>	<u>Jay, FL 32565</u>
	<u>Trust</u>		

REINSTATEMENT

2014-2014

11. E-mail Address: Pace2002000@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date

9-9-2014

Daytime Phone #

850-232-2345

Typed or printed name of signing Authorized Representative/Manager

Jerrel Anderson

SEP 11 2014