


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 DEC 30 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000028190		
1. Entity Name ABA 2000 INVESTMENT, LLC		

Principal Place of Business 424 E CENTRAL BLVD #106 ORLANDO, FL 32801 US	Mailing Address 424 E CENTRAL BLVD #106 ORLANDO, FL 32801 US
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2. Principal Place of Business - No P.O. Box # SZANTO U. 14	3. Mailing Address SZANTO U. 14
Suite, Apt. #, etc	Suite, Apt. #, etc

City & State BUDAPEST	City & State BUDAPEST
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Zip 1164	Country HUNGARY	Zip 1164	Country HUNGARY
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11252008 REIN-LLC OR2E101 (1/07)

4. FEI Number 98-0489179	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SZAFRICS, IMRE 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name IMWORLD SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 424 E. CENTRAL BLVD # 106 City ORLANDO FL Zip Code 32801	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	IMRE SZAFRICS, CEO (NOTE: Registered Agent signature required when reinstating)	DATE 12/02/2008
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FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIKET, FERENC SZANTO U 14 BUDAPEST, HU 1164 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BESAK, JANOSNE ROZSAVOLGY 37 VERESEGYHAZ, HU 2112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400139269734 12/24/08--01038--004 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008 without Penalty
up 1/5/09

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	FERENC SIKET Date 11/26/08	Daytime Phone #
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