
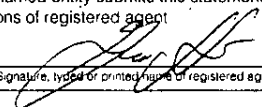



# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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		
2. Principal Place of Business - No P.O. Box # <i>SZANTO U. 14</i>		3. Mailing Address <i>SZANTO U. 14</i>			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State <i>BUDAPEST</i>		City & State <i>BUDAPEST</i>			
Zip <i>1164</i>		Country <i>HUNGARY</i>		Zip <i>1164</i>	
		Country <i>HUNGARY</i>		11252008 REIN-LLC CR2E101 (1/07)	
4. FEI Number <b>98-0489179</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SZAFRICS, IMRE 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801			Name <i>IMWORLD SERVICES, INC.</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>424 E. CENTRAL BLVD</i>		
			<i># 106</i>		
			City <i>ORLANDO</i>		FL
			Zip Code <i>32801</i>		
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 		<i>IMRE SZAFRICS, CEO</i>		<i>12/02/2008</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$138.75</b> 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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>REINSTATEMENT 2008 without Penalty</b>					
<i>up 1/5/09</i>					
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: 		<i>FERENC SIKET</i>		<i>11/26/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	