

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 14 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000039025

1. Limited Liability Company's Name

Alabella Group, LLC

CR2E041 (1/07)

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

16850-112 Collins Ave. 1923 NE 164 Street

Suite, Apt. #, etc.

Ste 317

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sunny Isles Bch, FL North Miami Bch, FL

Zip

33160

Country

USA

Zip

33162

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/13/06

6. FEI Number

83-0479625

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

Robert Miroskin

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

16850-112 Collins Avenue

Suite, Apt. #, Etc.

Ste 317

City

Sunny Isles Bch

State

FL

Zip Code

33160

☒ 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

REGISTERED AGENT MUST SIGN

Date 11.08.07

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	Robert Miroskin	16850-112 Collins Ave Ste 317	Sunny Isles Bch, FL 33160
MGRM	Yuri Gusev	16850-112 Collins Ave. Ste 317	Sunny Isles Bch, FL 33160
REINSTATEMENT			
2007			

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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

11.08.07

Daytime Phone #

9198124

Typed or printed name of signing Managing Member/Manager

Robert Miroskin