

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JUN -3 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000059899

1. Limited Liability Company's Name

Sakab Realty, LLC.

000155982380
05/14/09--01013--016 **138.75
CR2E041 (10/08)

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

7500 4th Street N.

Suite, Apt. #, etc.

3. Mailing Office Address

7500 4th Street N.

Suite, Apt. #, etc.

City & State

St Petersburg, FL

Zip

33702

Country

USA

City & State

St. Petersburg, FL

Zip

33702

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

June 12, 2006

6. FEI Number

90-6076919

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

ABINALES, ABINALES M.P.A.

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

7500 4th St. North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33702

☐ 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

R.V. Abinales
REGISTERED AGENT MUST SIGN

Date 4/5/09

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
MGR	Benjamin V. Abinales	1522 75 th Cir NE	St. Petersburg, FL 33702
MGR	Pacita T. Abinales	1522 75 th Cir NE	St. Petersburg, FL 33702

04/09/09--01041--006 **382.50

REINSTATEMENT 07-09

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

R.V. Abinales

Date 4-5-09 Daytime Phone # (727) 526-4122

Typed or printed name of signing Managing Member/Manager