

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L 06000077738**

1. Limited Liability Company's Name

PABA HOLDINGS, LLC

REINSTATEMENT 07-09
CR2E041 (10/08)

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

7400 SW 50 TER

Suite, Apt. #, etc.

304

City & State

MIAMI FL

Zip

33155-4487

Country

USA

3. Mailing Office Address

7400 SW 50 TER

Suite, Apt. #, etc.

304

City & State

MIAMI FL

Zip

33155-4487

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

08/15/06

6. FEI Number

20-5346518

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

JOSE M. BARJA

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

7400 SW 50 TER

Suite, Apt. #, Etc.

304

City

MIAMI

State

FL

Zip Code

33155

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 **1/14/09**

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
MGRM	JOSE M. BARJA	7400 SW 50 TER, #304	MIAMI, FL 33155-4487
MGRM	NANCY G. PASTROFF	7400 SW 50 TER, #304	MIAMI, FL 33155-4487
	L. SELLERS		
		JAN 16 2009	700141018477 01/16/09--01045--003 **416.25
	EXAMINER		

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 **1/14/09**

Daytime Phone # **305-669-8368**

Typed or printed name of signing Managing Member/Manager

JOSE M. BARJA