

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD6000101869

1. Limited Liability Company's Name

PABEL FOUR PROPERTIES, LLC

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

13636 GAVIN RD

Suite, Apt. #, etc.

City & State

DOVER, FLORIDA

Zip

33527

Country

USA

3. Mailing Office Address

13636 GAVIN RD

Suite, Apt. #, etc.

City & State

DOVER, FLORIDA

Zip

33527

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

10-19-2006

6. FEI Number

51-0607077

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

AGUSTIN J. SARRIA

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

13636 GAVIN RD

Suite, Apt. #, Etc.

City

DOVER

State

FL

Zip Code

33527

☒ 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

M. Sarria

REGISTERED AGENT MUST SIGN

Date 4-19-10

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	AGUSTIN J. SARRIA	13636 GAVIN RD	DOVER/FLORIDA/33527
MGRM	CHARLENE HOGAN	3207 TRACKERY WAY	PLANT CITY/FL/33566
MGRM	MAXIMO LUQUE III	635 MARMORA AVE	TAMPA/FL/33606
MGRM	ANGELA RBBCE	13636 GAVIN RD	DOVER/FL/33527
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11. E-mail Address: ANGHOMES@AOL.COM

(To be used for future annual report notifications)

12. 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

M. Sarria

Date 4-19-10

Daytime Phone # 813-390-4249

Typed or printed name of signing Managing Member/Manager

AGUSTIN J. SARRIA