PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 FEB 20 PM 2:10

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000029183

**1.** Limited Liability Company's Name

ABU ENTERPRISES LLC

CR2E041 (10/08)

| **2.** Principal Office Address - No P.O. Box # | **3.** Mailing Office Address |
|---|---|
| 1329 SURFSIDE LANE | 9611 N. US HWY 1 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | #295 |
| City & State | City & State |
| SEBASTIAN, FL. | SEBASTIAN FL |
| Zip 32958 Country USA | Zip 32958 Country USA |

**4.** State/Country of Formation: FLORIDA

**5.** Date Organized or Qualified To Do Business in Florida: MARCH 19, 2007

**6.** FEI Number ☐ 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: LINDA L. LUGONE

Street Address (P.O. Box Number is Not Acceptable): 1329 SURFSIDE LANE

Suite, Apt. #, Etc.:

City: SEBASTIAN State: FL Zip Code: 32958

☐ 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: Linda L. Lugone — Date: JANUARY 28, 2009
REGISTERED AGENT MUST SIGN

**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 | LINDA L. LUGONE | 1329 SURFSIDE LANE | SEBASTIAN FL 32958 |
| | | | |
| | | 500142708005 02/03/09--01011--007 **243.00 | |
| | | 500142708005 02/25/09--01005--003 **139.50 | |
| REINSTATEMENT 2-25-09 JRM | | | |
| | | | |

**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: Linda L. Lugone — Date: JAN 28, 2009 — Daytime Phone #: 772 766 3186

Typed or printed name of signing Managing Member/Manager: LINDA L. LUGONE