

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -5 AM 10:50

DOCUMENT #

1. Limited Liability Company's Name

ABD Investment Associates LLC

300180240723
05/04/10--01008--009 **416.25

CR2E041 (11/09)

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

2600 Island Blvd

Suite, Apt. #, etc.

1705

City & State

Aventura, FL

Zip

33160

Country

Dade

3. Mailing Office Address

2600 Island Blvd

Suite, Apt. #, etc.

1705

City & State

Aventura, FL

Zip

33160

Country

Dade

4. State/Country of Formation

FL/Dade

5. Date Organized or Qualified
To Do Business in Florida

12/27/07

6. FEI Number

26-1638496

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

AGA LLC

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

2600 Island Blvd

Suite, Apt. #, Etc.

1705

City

Aventura

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 4/28/10

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
MGR	AGA LLC	2600 Island Blvd Apt 1705	Aventura, FL 33160

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11. E-mail Address:

(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

Date 4/28/10

Daytime Phone # 305-931-9125

Typed or printed name of signing Managing Member/Manager