

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB -4 PM 3:20

DOCUMENT # L09000004522

1. Limited Liability Company's Name

Abilacy, LLC

800189812438
01/05/11--01037--006 **477.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 907 Hickory Fork Drive		3. Mailing Office Address 907 Hickory Fork Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Seffner, Florida		City & State Seffner, Florida	
Zip 33584	Country USA	Zip 33584	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 01/14/2009

6. FEI Number
264055607 ☐ 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 Thomas Powell		
Street Address (P.O. Box Number is Not Acceptable) 1938 Maple Leaf Drive		
Suite, Apt. #, Etc.		
City Windermere,	State FL	Zip Code 34786

800189812438
02/08/11--01001--012 **277.50

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 12/29/2010

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
MM	Powell, Thomas C.	907 Hickory Fork Dr.	Seffner, FL 33584

REINSTATEMENT 2010, 2011

11. E-mail Address: cpowell@abilacy.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 Thomas C. Powell Date 12/29/2010 Daytime Phone # 8138411335

Typed or printed name of signing Managing Member/Manager Thomas C. Powell



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 FEB -4 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 7, 2011

ABILACY, LLC
907 HICKORY FORK DR
SEFFNER, FL 33584

SUBJECT: ABILACY, LLC
Ref. Number: L09000004522

We have received your document for ABILACY, LLC and check(s) totaling \$477.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2010 through 2011; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$377.50.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 211A00000710