PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 NOV -4 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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11/04/11--01021--013 **377.50

CR2E041 (1/11)

DOCUMENT # L09000022179

1. Limited Liability Company's Name

ABM Investment Group, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9801 Collins Avenue		9801 Collins Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Unit 6L		Unit 6L	
City & State		City & State	
Bal Harbour, Florida		Bal Harbour, Florida	
Zip	Country	Zip	Country
33154	USA	33154	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: March 5, 2009

6. FEI Number: 26-4578425 ☐ 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: Eric P. Stein, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1820 NE 163 Street

Suite, Apt. #, Etc.: Suite 100

City: North Miami Beach | State: FL | Zip Code: 33162

E-mail Address: Eric@epslaw.com
(To be used for future annual report notices)

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 _____ Date 11/3/11
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	Eva Bendayan	9801 Collins Avenue, Unit 6L	Bal Harbour, Florida 33154

L. SELLERS
NOV. -7 2011
EXAMINER

REINSTATEMENT 10-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager (X) E. Bendayan Date 10-31-11 Daytime Phone # 646 736-7702

Typed or printed name of signing Managing Member/Manager Eva Bendayan