

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT 28 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # ~~L0000067738~~

1. Limited Liability Company's Name

~~L10000067738~~

ABFZ, LLC

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

4986 S 25TH STREET

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip

34981

Country

3. Mailing Office Address

4986 S 25TH STREET

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip

34981

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07/01/2010

6. FEI Number

27-2898780

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

ALEXANDER FRIEDMAN

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

4986 S 25TH STREET

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34981

E-mail Address:

800213826948
11/01/11--01001--008 **238.75

LWILDECPA@BELLSOUTH.NET

(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

REGISTERED AGENT MUST SIGN

Date

10/18/2011

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
MGMR	FRIEDMAN, ALEXANDER	4986 S 25TH STREET	FORT PIERCE, FL 34981
MGMR	BARMARK, MARINA	4986 S 25TH STREET	FORT PIERCE, FL 34981

REINSTATEMENT B

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

Date

10/18/2011

Daytime Phone #

772-220-7658

Typed or printed name of signing Managing Member/Manager