

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 15 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000001350

1. Limited Liability Company's Name

ABA NATIONAL, LC

REINSTATEMENT 2000-0/

2. Principal Office Address

3. Mailing Office Address

9104 58th Drive East

(Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bradenton, FL

Zip

Country

Zip

Country

34202

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/30/96

6. FEI Number

65-0727123

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

Wickman & Wyckoff P.A.

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

4909 Manatee Ave. W.

500004702346-4

-12/03/01--01058--006

Suite, Apt. #, Etc.

****250.00 ****250.00

City

Bradenton

State

FL

Zip Code

34209

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

WICKMAN & WYCKOFF P.A.

By: JRE. Wick

JOHN E. WICKMAN, PA

Date 11/14/01

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
	Angela R. Brewer	9104-58th Drive East	Bradenton, FL 34202

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

Angela R. Brewer

Date 11/14/01

Daytime Phone # 941-756-5800

Typed or printed name of signing Managing Member/Manager

CR2EM1 (8/00)