

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 DEC -9 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 49000004035\*

1. Limited Liability Company's Name

Abc I LLC

200009423812  
12/09/02--01110--001 \*\*155.00

2. Principal Office Address

4460 TALLEVAST Rd

Suite, Apt. #, etc.

3. Mailing Office Address

4460 TALLEVAST Rd

Suite, Apt. #, etc.

4. State/Country of Formation

FL USA

5. Date Organized or Qualified To Do Business in Florida \* July 6, 1999

6. FEI Number

650933672

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Sarasota FL

City & State

Sarasota, FL

Zip

34243

Country

manatee

Zip

34243

Country

manatee

8. Name and Address of Current Registered Agent

Name

Knowles Timothy A Esq

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

1205 Manatee Ave West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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 12/4/2002

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

Pres

Carlos Beruff

6800 Country Lakes Dr. Sarasota FL 34243

VP

Annette Canny

4020 73rd Terr E Sarasota, FL 34243

REINSTATEMENT 2002

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

Annette L. Canny V.P.

Date 12-4-02

Daytime Phone # 941-358-1118

Typed or printed name of signing Managing Member/Manager

Annette L. Canny V.P.