

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN -8 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000139394590
12/31/08--01041--002 **793.75

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

L99000005453

ABRAHAM PROPERTIES, LLC

2. Principal Office Address - No P.O. Box #
% BOGNOR PARTICIPATIONS CORP.

3. Mailing Office Address
% BOGNOR PARTICIPATIONS CORP.

Suite, Apt. #, etc.
PASEA ESTATE, ROAD TOWN

Suite, Apt. #, etc.
PO BOX 958, PASEA ESTATE, ROAD TOWN

City & State
TORTOLA, BRITISH VIRGIN ISLANDS

City & State
TORTOLA, BRITISH VIRGIN ISLANDS

Zip Country
B.V.I.

Zip Country
B.V.I.

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 8/31/99

6. FEI Number 52-2224878
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
LANCASTER & CO.

Street Address (P.O. Box Number is Not Acceptable)
50 WEST MASHTA DRIVE

Suite, Apt. #, Etc.
SUITE 6

City
KEY BISCAVNE

State Zip Code
FL 33149

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 12/19/08

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
MAN	BOGNOR PARTICIPATION CORP.	PASEA ESTATE, ROAD TOWN, TORTOLA	BRITISH VIRGIN ISLANDS

REINSTATEMENT 04-08

L. SELLERS

JAN - 9 2009

EXAMINER

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

Doni Pamela D. Hall

Date 12/19/08

Daytime Phone # (305) 361-1014

Typed or printed name of signing Managing Member/Manager Officer Bognor Participations Corp.