

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -4 PM 1:21

1. DOCUMENT # L99000005460

Name and Mailing Address

0005791 01 FP 0.352 **PRSRT T8 O 0615 34221-921812



ABF HOLDINGS, LLC
3512 US HWY 41 N.
PALMETTO FL 34221-9218

800008780438
11/04/02--01058--003 **55.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

3512 US HWY 41 N.
PALMETTO FL 34221

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

08/31/1999

6. FEI Number

65-0944711

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

FRANOSZ, ANDREW T
3512 US HWY 41 N
PALMETTO FL 34221

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 10/30/02

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| MGRM | FRANOSZ, HELENA | 821 LANTERN RIDGE DRIVE | WINSTON SALEM NC |
| MGRM | FRANOSZ, ANDREW | 3512 US HWY 41 N | PALMETTO FL 34221 |
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12. 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

Date 10/30/02

Daytime Phone # (941) 730-5018

Typed or printed name of signing Managing Member/Manager

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Andrew T. Franosz
3512 US Hwy 41 North
Palmetto, FL 34221

October 30, 2002

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32339

Dear Florida Department of State,

I am filing my application for reinstatement of my corporation. We did not receive any prior mailings of the UBR in order to file the renewals on time. Thank you for your consideration.

Andrew T. Franosz



ABF Holdings LLC

Enclosure (1)

Application for Reinstatement (Document # L99000005460)

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*Signia Super Inc, A Notary Public, State of
Florida. Manatee County.*

October 30, 2002

V. Kay Moore, Notary

