APPROVED AND FILED

97 AUG 15 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY 95-97

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # Z00070

HATFIELD L.C.
5301 S. Dixie Highway
West Palm Beach, FL 33405

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address

5301 S. Dixie Highway
West Palm Beach, FL 33405

2 Principal Place of Business

Suite, Apt. #, etc

City & State

Zip | Country

2a. Mailing Address

Suite, Apt #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 1/4/89

3a. State of Formation: FL

4. FEI Number: 65-0091493

☐ Applied For
☐ Not Applicable

5. Date of Last Report: 4/29/94

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

HATFIELD, LARRY
5301 S. DIXIE HIGHWAY
WEST PALM BEACH FL 33405

8. Name and Address of New Registered Agent

Name: AKDENIZ, ROBIN

Street Address (P.O. Box Number is Not Acceptable): 5301 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

City: WEST PALM BEACH FL

Zip Code: 33405

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 X Robin Akdeniz Date 8/4/97
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Kiefer, Ken	5301 S. Dixie Highway	W. Palm Beach FL 33405
MGRM	Kiefer, Kathy	5301 S. Dixie Highway	W. Palm Beach FL 33405
MGRM	Akdeniz, Yujel	5301 S. Dixie Highway	W. Palm Beach FL 33405

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REINSTATEMENT 95-97

A. Allen 8/15/97

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 X Yujel Akdeniz Date 8/4/97 Daytime Phone # 561-585-1701

Typed or printed name of signing Managing Member/Manager YUJEL AKDENIZ

CR2EO41 8/96