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 OCT 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00070

1. Limited Liability Company's Name

HATFIELD L.C.

REINSTATEMENT 200

2. Principal Office Address	**3.** Mailing Office Address
5301 South Dixie	5301 S. Dixie
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach FLORIDA	City & State: W.P.B. FL.
Zip: 33405 Country: U.S.A.	Zip: 33405 Country: USA.

4. State/Country of Formation: Florida / U.S.A.

5. Date Organized or Qualified To Do Business in Florida: Jan-4-1989

6. FEI Number: 65-0091493 ☐ 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: AKDENIZ, ROBIN

100004653771--7
-10/25/01--01072--014
****155.00 ****155.00

Street Address (P.O. Box Number is Not Acceptable): 5301 S. Dixie Highway

Suite, Apt. #, Etc.:

City: West Palm Beach State: 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: Robin Akdeniz Date: 10/16/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGRM	AKDENIZ, YUJEL	5301 S. Dixie Highway	WPB. FL. 33405.

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: Yujel Akdeniz Date: 10/16/01 Daytime Phone # 561-585-1701

Typed or printed name of signing Managing Member/Manager: