

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 AUG 20 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000000156

1. Limited Liability Company's Name

8770 MIDNIGHT PASS, LLC

200108700512
08/28/07--01018--014 **105.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
8764 MIDNIGHT PASS

3. Mailing Office Address
3681 FOLLY QUARTER RD

Suite, Apt. #, etc.
A-401

Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
ELLICOTT CITY, MD

Zip
34242

Country
USA

Zip
21042

Country
USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida **1/1/2005**

6. FEI Number

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
LAWRENCE HYMAN

Street Address (R.O. Box Number is Not Acceptable)
8764 MIDNIGHT PASS

Suite, Apt. #, Etc.
A-401

City
SARASOTA

State
FL

Zip Code
34242

☒ 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

Lawrence Hyman

REGISTERED AGENT MUST SIGN

Date **8/3/2007**

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
M	LAWRENCE R HYMAN	3681 FOLLY QUARTER RD	ELLICOTT CITY / MD / 21042
M	LOIS W HYMAN	3681 FOLLY QUARTER RD	ELLICOTT CITY / MD / 21042

REINSTATEMENT

06-07

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

Lawrence Hyman

Date **8/3/2007**

Daytime Phone # **410-531-2638**

Typed or printed name of signing Managing Member/Manager

LAWRENCE R HYMAN