

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 9:41

DOCUMENT #

A99000000754

1. Limited Liability Company's Name

Hardwick Investments, LTD

2. Principal Office Address

5472 First Coast Highway

Suite, Apt. #, etc.

Suite 12

City & State

Amelia Island, FL

Zip

32034

Country

Nassau

3. Mailing Office Address

5472 First Coast Highway

Suite, Apt. #, etc.

Suite 12

City & State

Amelia Island, FL

Zip

32034

Country

Nassau

CR2E041 (8/05)

4. State/Country of Formation

Florida

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

5/6/1999

6. FEI Number

59-3034258

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

James O. Hardwick

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

5472 First Coast Highway

Suite, Apt. #, Etc.

Suite 12

City

Amelia Island

State

FL

Zip Code

32034

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

[Signature]

Date

3/15/06

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
MAR	James O. Hardwick	5472 First Coast Hwy Ste 12	Amelia Island, FL 32034
			200069051922 03/30/06--01044--002 **4000.00
			REINSTATEMENT 03-06

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

[Signature]

Date

3/15/06

Daytime Phone #

904 261 3355

Typed or printed name of signing Managing Member/Manager