

PLEASE PRINT OR TYPE ALL INFORMATION BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 11 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/11/03--01023--005 **200.00

DOCUMENT # L00000001370

1. Limited Liability Company's Name

Hopkins, L.C.

2. Principal Office Address

1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34744

Country

US

3. Mailing Office Address

1778 Lee Janzen Drive

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip

34744

Country

US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified To Do Business in Florida

02/07/2000

6. FEI Number

59-3625806

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

Keith Hopkins

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

1778 Lee Janzen Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

Dr. Keith Hopkins

REGISTERED AGENT MUST SIGN

Date 6-20-03

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
MGR	Keith Hopkins	1778 Lee Janzen Drive	Kissimmee/Florida/34744

REINSTATEMENT

2002-2003

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

Dr. Keith Hopkins

Date 06-20-03

Daytime Phone # (321) 287-0913

Typed or printed name of signing Managing Member/Manager

Dr. Keith Hopkins