

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

0001-5000
LIMITED LIABILITY
COMPANY
REINSTATEMENT
WBR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 AUG -7 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000002354

1. Limited Liability Company's Name

Hammerhead Carpentry, L.L.C.

800007019148--3

-08/09/02--01058--013

****100.00 ****100.00

2. Principal Office Address

1919 SW 48TH Lane

Suite, Apt. #, etc.

3. Mailing Office Address

3512 SE 1ST AVE

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip Country

FL 33914 USA

City & State

Cape Coral, FL

Zip Country

33904 USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

3/7/2000

6. FEI Number

65-0986473

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

Lewis T. Hodge

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

3512 SE 1ST AVE

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

Lewis T. Hodge

Date

8-2-02

REGISTERED AGENT MUST SIGN

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
Mgm	Lewis T. Hodge	3512 SE 1ST AVE.	Cape Coral, FL 33904
Mgm	Brad R. Ninkovich	1919 SW 48TH Lane	Cape Coral, FL 33914

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

Lewis T. Hodge

Date

8-2-02

Daytime Phone #

239-707-8790

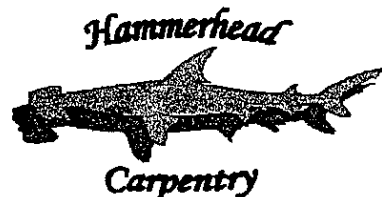
Typed or printed name of signing Managing Member/Manager

Lewis T. Hodge

CR20041 (9/01)

2062

Hammerhead Carpentry, L.L.C.
Southwest Florida



August 2, 2002

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: LLC Reinstatement

To Whom It May Concern:

Enclosed please find the reinstatement application for the LLC and a check for \$100.00 for 2001 and 2002 filings.

Please assist me in reinstating the LLC as an active corporation. I have never received notice of the filing or the fee. I found out by my agent with my benefits department helping me to find a new leasing company. She called me and told me the LLC was inactive. I then looked on the Internet and found out for myself. Please also change the mailing address for the company as 3512 SE 1st. Ave., Cape Coral, FL 33904.

Thank you for your assistance with this matter!

Sincerely,

A handwritten signature in cursive script that reads "Lewis T. Hodge".

Lewis T. Hodge
Partner/Managing Member