

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**DOCUMENT #** L00000002356

**1. Limited Liability Company's Name**

H.M., LLC

**2. Principal Office Address**

3438 DUCK AVE.

Suite, Apt. #, etc.

Suite 102

City & State

Key West, FL

Zip

33040

Country

USA

**3. Mailing Office Address**

3438 DUCK AVE

Suite/Apt. #, etc.

102

City & State

Key West, FL

Zip

33040

Country

USA

**FILED**

01 OCT 22 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 2001

**4. State/Country of Formation**

FLORIDA / USA

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

March 1, 2000

**6. FEI Number**

65-0985852

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

Paul J. Cates

500004658375-8

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

3438 DUCK AVE.

-10730701-01002-021

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

Suite 102

City

Key West

State

FL

Zip Code

33040

**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

Paul J. Cates

REGISTERED AGENT MUST SIGN

Date 10/19/01

**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

President Paul J. Cates 3438 Duck Ave. Suite 102 Key West, FL 33040

Vice President Edwino Swift III 201 Front St. Suite 310 Key West, FL 33040

Secretary Christopher C. Bellard 201 Front St. Suite 310 Key West, FL 33040

**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

Paul J. Cates

Date 10/19/01

Daytime Phone # 305-296-7156

Typed or printed name of signing Managing Member/Manager