

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 APR -5 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300173892943  
03/31/10--01028--006 \*\*516.25

CR2E041 (11/09)

DOCUMENT # L0000000 4472

1. Limited Liability Company's Name

Hall Investments Group, LLC

2. Principal Office Address - No P.O. Box #

3600 Grand Ave

Suite, Apt. #, etc.

102

City & State

Coconut Grove FL

Zip

33133

Country

USA

3. Mailing Office Address

P.O. Box 820254

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33082

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified  
To Do Business in Florida

4/14/2000

6. FEI Number

65-102 6810

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

LAIR C. HALL

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

3600 Grand Avenue

Suite, Apt. #, Etc.

Suite 101

City

Coconut Grove FL

State

FL

Zip Code

33133

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/5/10

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	Lair C. Hall	3600 Grand Ave, Suite 102	Coconut Grove, FL 33133

REINSTATEMENT - 09-10

11. E-mail Address: Lair@hallinvestment.com

(To be used for future annual report notifications)

12. 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

2-5/10

Daytime Phone #

205-458-6000

Typed or printed name of signing Managing Member/Manager