

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED

01 OCT 25 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007517

1. Limited Liability Company's Name

M.L. HAWK

2. Principal Office Address

45 LAKE VILLA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

45 LAKE VILLA WAY

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL.

City & State

KISSIMMEE, FL.

Zip

34743

Country

USA

Zip

34743

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

6/13/00

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARTHA L. HAWK

30000466729-2

-11/06/01--01003--023

\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

45 LAKE VILLA WAY

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34743

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

*Martha L. Hawk*

REGISTERED AGENT MUST SIGN

Date 10/22/01

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

UGR MARTHA L. HAWK

45 LAKE VILLA WAY

KISSIMMEE, FL. 34743

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

*Martha L. Hawk*

Date 10-22-01

Daytime Phone #

740-453-4137  
407-344-9080

Typed or printed name of signing Managing Member/Manager

MARTHA L. HAWK

CR2E041 (9/01)