

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

7812

DOCUMENT # **L0000000 7812**

1. Limited Liability Company's Name

**HFA, LLC**

FILED  
04 OCT 13 AM 9:57  
W4013/04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

**6365 TAFT STREET**

Suite, Apt. #, etc.

**SUITE 1005**

City & State

**HOLLYWOOD, FL**

Zip

**33024**

Country

3. Mailing Office Address

**6365 TAFT STREET**

Suite, Apt. #, etc.

**SUITE 1005**

City & State

**HOLLYWOOD, FL**

Zip

**33024**

Country

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**7/3/2000**

6. FEI Number

**59-3658128**

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

**PAT ALLEY**

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

**2639 NORTH MONROE STREET**

Suite, Apt. #, Etc.

**SUITE 143B**

City

**TALLAHASSEE**

State

**FL**

Zip Code

**32303**

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

*Pat Alley as agent*  
REGISTERED AGENT, MUST SIGN

Date

**10-9-04**

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
MLR	CHAIM LAUFER	2639 NORTH MONROE ST SUITE 143B	TALLAHASSEE, FL 32303
		2003 -	400041874374 10/14/04--01006--007 **200.00
	REINSTATEMENT	2004	

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

*Chaim Laufer*

Date

**10/12/04**

Daytime Phone #

**718-853-5803**

Typed or printed name of signing Managing Member/Manager

**CHAIM LAUFER**

CR2E041 (10/02)