

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT 13 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DOCUMENT # L00000007813

1. Limited Liability Company's Name

HFB, LLC

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

59-3658129

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

Date

10-9-04

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
MGR	CHAIM LAUFER	2639 NORTH MONROE ST SUITE 143 B	TALLAHASSEE, FL 32303
			500041874365 10/14/04--01006--006 **200.00
		2003-	
	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)