

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200-w
9-16-05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 8:43

DOCUMENT # L000000010898
1. Limited Liability Company's Name H&W HOLDINGS LLC.

CR2E041 (8/05)

2. Principal Office Address
1075 16TH AVE.
Suite, Apt. #, etc.
City & State
VERO BEACH, FL
Zip Country
32960 U.S.A

3. Mailing Office Address
1075 16TH AVE
Suite, Apt. #, etc.
City & State
VERO BEACH FL
Zip Country
32960 U.S.A

4. State/Country of Formation
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number 651062064 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
GERALD E. HAMEL
Street Address (P.O. Box Number is Not Acceptable)
1075 16TH AVE
Suite, Apt. #, Etc.
City
VERO BEACH State FL Zip Code 32960

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

Date

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
	<u>MANAGING MEMBER</u> <u>GERALD E. HAMEL</u>	<u>1075 16TH AVE</u>	<u>VERO BEACH FL 32960</u>
			<u>800069949768</u> <u>04/10/06--01052--012 **200.00</u>
			<u>REINSTATEMENT 05-06</u>

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

Date 26 JAN 06 Daytime Phone # 772 978 9581

Typed or printed name of signing Managing Member/Manager