

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 PM 2:32

DOCUMENT #

1. Limited Liability Company's Name

L00000012078
The Hao Zone, LLC

400129919034
05/21/08--01004--017 **976.25

CR2E041 (12/07)

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

1909 SW WINNERS DR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PALEM CITY, FL

City & State

SAFAR

Zip

34990

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

05/10/2000

6. FEI Number

651076142

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

DARLA TONER

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

1909 SW WINNERS DR.

Suite, Apt. #, Etc.

City

PALEM CITY, FL

State

FL

Zip Code

34990

☒ 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

Darla Toner

Date 5/16/08

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
CEO	DARLA TONER	1909 SW WINNERS DR. DR. 112 PALEM CITY, FL 34990	
PROB	PAF TONER	1909 SW WINNERS DR	PALEM CITY, FL 34990
REINSTATEMENT 05/16/08 Ulf			

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

Darla Toner

Date 5/16/08

Daytime Phone# 772-221-7199

Typed or printed name of signing Managing Member/Manager