

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 APR 26 P 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000 12424

1. Limited Liability Company's Name

HOOVER CO., LLC.

2. Principal Office Address

2423 Alhambra Cir

Suite, Apt. #, etc.

3. Mailing Office Address

2423 Alhambra Cir

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip
33134

Country

USA

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida

10.12.00

6. FEI Number

65-1046187

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

CESAR E SERRANO

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

4811 NW 79 AVE

Suite, Apt. #, Etc.

5

City

MIAMI

State

FL

Zip Code

33166

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

x *Cesar E Serrano*

REGISTERED AGENT MUST SIGN

Date 4/21/04

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
NGRM	Hoover, John W. Jr	2423 Alhambra Cir.	Coral Gables, FL 33134

REINSTATEMENT 02-04

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

x *John W. Hoover, Jr*

Date 4/21/04

Daytime Phone # 305 592 6559

Typed or printed name of signing Managing Member/Manager

John W. Hoover, Jr

CR2E041 (10/02)