

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 31 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013346

1. Limited Liability Company's Name

AHWIYAH, L.L.C.

2. Principal Office Address

1145 N. LAKESHORE BLVD

3. Mailing Office Address

1145 N. LAKESHORE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

City & State

LAKE WALES, FL

Zip

33853

Country

Zip

33853

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10-31-00

6. FEI Number

☒ 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

STEPHEN D. SORENSEN

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

1145 N. LAKESHORE BLVD.

200004762142-8

-01/09/02-01034-009

Suite, Apt. #, Etc.

\*\*\*\*150.00 \*\*\*\*150.00

City

LAKE WALES

State  
FL

Zip Code

33853

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

Stephen D. Sorensen

Date 12-28-01

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	STEPHEN D. SORENSEN	1145 N. LAKESHORE BLVD.	LAKE WALES, FL 33853
MGR	GEORGIANNA W. SORENSEN	"	"

**REINSTATEMENT**

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

Stephen D. Sorensen

Date

12-28-01

Daytime Phone #

(363) 676-7671

Typed or printed name of signing Managing Member/Manager