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APPROVED
AND
FILED

04 MAY 28 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000013346

1. Limited Liability Company's Name

AHWIYAH, L.L.C.
1145 N. LAKE SHORE BLVD.
LAKE WALES FL 33853-3912

REINSTATEMENT

2002-
2004

2. Principal Office Address

1145 N. LAKE SHORE BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE WALES FL

City & State

Zip

33853

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/31/2000

6. FEI Number

91-2100021

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

SORENSEN, STEPHEN D

500037668915

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

1145 N LAKESHORE BLVD

06/04/04--01053--002 **250.00

Suite, Apt. #, Etc.

City

LAKE WALES, FL

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

5-27-04

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

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 5-27-04

Daytime Phone #

863-676-6775

Typed or printed name of signing Managing Member/Manager

STEPHEN D. SORENSEN

CR2E041 (10/02)