

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 01000006670**

1. Limited Liability Company's Name

HatLight, LLC

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

611 Pate Palm Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 643207

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32963

Country

Indian River

Zip

32964

Country

Indian River

8. Name and Address of Current Registered Agent

Name

Paul J. Lagassey

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

611 Pate Palm Rd

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/19/2008**

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	Paul J. Lagassey	611 Pate Palm Rd PO Box 643207	Vero Beach, FL 32964
	S. HAWKES		
	JAN 5 2009		
	EXAMINER		

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

[Signature] Manager Date **12/19/2008**

Daytime Phone # **772-231-1449**

Typed or printed name of signing Managing Member/Manager

Paul J. Lagassey, Manager

FILED

08 DEC 31 PM 3:49

SECRETARY OF STATE

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12/24/08--01038--007 **277.50

CR2E041 (10/08)

4. State/Country of Formation

Broward, FL

5. Date Organized or Qualified
To Do Business in Florida

4/30/2001

6. FEI Number

65-1099816

Applied For

☒ **Not Applicable**

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

REINSTATEMENT
2008