

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jill Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 20 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200008552092  
12/17/02--01067--003 \*\*150.00

1. DOCUMENT # L01000008763

Name and Mailing Address

0007842 01 FP 0.352 \*\*PRSRT T4 0 0615 36830-756169



IRISH HATCH, L.C.  
1669 LAUREN LANE  
AUBURN AL 36830-7561



2. New Mailing Address

City, State, Zip

Principal Place of Business

1669 LAUREN LANE  
AUBURN AL 36830

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/01/2001

6. FEI Number

63-1283365

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

OWEN, DAVID A  
1221 AIRPORT RD., STE. 208  
DESTIN FL

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HATCH, L. UPTON	1669 LAUREN LANE	AUBURN AL 36830

REINSTATEMENT 2002

L. HATCH

12. 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]*

Date

12/10/02

Daytime Phone #

334 826 9970

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)