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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

SECRET

04 FEB 27 PM 3:10

L01000015435

1. DOCUMENT # L01000015435

Name and Mailing Address

0006477 01 FP 0.352 **PRSR TO 0 0615 33624-121803

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H&B IMPORTS LLC
 4103 WINDTREE DR.
 TAMPA FL 33624-1218



REINSTATEMENT 2002-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/07/2001	
Principal Place of Business 4103 WINDTREE DR. TAMPA FL 33624	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 593744584	Applied For Not Applicable
8. Name and Address of Current Registered Agent HERNANDEZ, SERGIO A 4103 WINDTREE DR. TAMPA FL 33624		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <u>S. Hernandez</u> Date <u>1/22/04</u> REGISTERED AGENT MUST SIGN			
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	BOSQUEZ, MARIA	4103 WINDTREE DR.	TAMPA FL 33624
MGRM	HERNANDEZ, SERGIO	4103 WINDTREE DR.	TAMPA FL 33624
		600028225876 02/05/04--01008--002 **200.00	
		600028225876 03/15/04--01016--011 **50.00	
		REINSTATEMENT 2002-2004	

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 S. Hernandez Date 1/22/04 Daytime Phone # 813 963 5783

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)