## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

С	ED LIAE OMPAN ISTATEN			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				15 AUG 26 AM 8: 44		
1. Limited L	Liability Comp	any's Name	0015657 1-306, LLC						ALL HASSES	60.0A
Principal Office Address - No P.O. Box # 7403 Bayshore Dr.  Suite, Apt. #, etc.				3. Mailing Office Address 2062 Firethorn Drive Suite, Apt. #, etc.				CR2E041 (1/14)  4. State/Country of Formation Florida/USA		
401 City & State				City & State				5. Date Organized or Qualified To Do Business in Florida 9/11/2001  6. FEI Number Applied For		
Treasure Island, FL				Frontenac, MO				169-22-7237 Not Applicable		
Zip 33706	Country USA		Zφ 63131		US	ntry SA	7. CERTIFICATE OF	7. CERTIFICATE OF STATUS DESIRED  for a certificate of status		
		8. Nan	ne and Address	of Current Regi	istered Age	nt				
Name Donald D	. Gerber									
Street Address (P.O. Box Number is Not Acceptable) Suite. 7403 Bayshore Dr., #401  Apt #, Etc.  City State Zip Code								100276423121 08/25/1501024023 **2152,50		
Treasure Island FL 33706								00,	E3/13 01024 02	J **£1J£,50
9. I. being Signature of Registered	of	he registered	lagent of the abo	lecture REGISTERED AGE			m familiar with and a	accept the obligations	of Chapter 605, F.S.  Date	
10 Names	and Street A	ddresses of A	Authorized Repres	entatives/Manage	ers				<del>,</del>	
Titles	Name of Authorized Representatives/ Managers			Authorized Re			Street Address of Eac thorized Representa <u>Manager</u>		City / State / Zip	
MGR	Donald D. Gerber				7403 Bayshore Dr., #-			, #401	401 Treasure Island, FL 33706	
	REINSTATE								HAWKES	
		90X	J9-	201	5	1 <b>N</b> .	L	E	XAMINER	
11, E-mail /	Address: ar	ngie@ka	iserlawfirm.	com	ļ					
certify that 605.0012, shall have	when filing t	his reinstate at all fees ov pal effect as	ment application yed by the limiter if made under o	the reason for d I liability compan ath. I am aware t	eceiver or truissolution ha y have been hat false info	stee e s beer paid.	eliminated, the lim The information indi in submitted in a doo	ate this application a lited liability compan- icated on this applic cument to the Depa	s provided for in Chapter 605, I y name satisfies the requireme ation is true and accurate, and riment of State constitutes a thi	nt of section my signature rd degree
Signature o	of authoriz <del>e</del> d	representat	tive/member	(Willa)	2125	rek	Date	lzulla De	314-822- aytime Phone #	9/5/
Typed or p	rinted name	of signing a	uthorized repres	entative/member	Donald	в. G	erber, Manag	er		