

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
JAMES S. ...
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016297

Name and Mailing Address

0009739 01 FP 0.352 **PRSRH H4 0 0615 32932-057777



HWB RETAIL DEVELOPMENT, L.L.C.
P.O. BOX 320577
COCOA BEACH FL 32932-0577



2. New Mailing Address

City, State, Zip

Principal Place of Business

C/O RETAIL SITE CO.
1325 NORTH ATLANTIC AVE., UNIT 23
COCOA BEACH FL 32931

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

09/24/2001

6. FEI Number

59-3745035

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

700003547147
10/23/02--01062--002 **155.00

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

K. Bennett

REGISTERED AGENT MUST SIGN

Date

Oct 21, 2002

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
MGR	BENNETT, KEITH	P.O. BOX 320577	COCOA BEACH FL 32932-0577
MGR	HILL, MICHAEL	P.O. BOX 320577	COCOA BEACH FL 32932-0577

REINSTATEMENT 2002

AL-50.00
Penalty 100.00

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

K. Bennett

Date

Oct 21, 2002

Daytime Phone #

321-868-7100

Typed or printed name of signing Managing Member/Manager

Keith Bennett

CR2E084 (8/02)