

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -5 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000017417**

1. Limited Liability Company's Name

Hayne Street LLC

2. Principal Office Address

813 E La Rua St  
Suite, Apt. #, etc.

3. Mailing Office Address

813 E La Rua St  
Suite, Apt. #, etc.

City & State

Pensacola

City & State

Pensacola

Zip

32501

Country

Zip

32501

Country

4. State/Country of Formation

Escambia County, FL

5. Date Organized or Qualified  
To Do Business in Florida

10/10/2001

6. FEI Number

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

Name

Deborah Greenwald

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

813 E La Rua St

Suite, Apt. #, Etc.

City

Pensacola

State  
FL

Zip Code

32501

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

Deborah Greenwald (authorized representative)  
REGISTERED AGENT MUST SIGN

Date 3/4/03

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	Deborah Greenwald	813 E La Rua St	Pensacola, FL 32501

**REINSTATEMENT**

02-03-04

OW

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

Deborah Greenwald

Date 3/4/03

Daytime Phone #

850 232 5002

Typed or printed name of signing Managing Member/Manager

Deborah Greenwald

CR2E041 (10/02)