

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 11 PM 12:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 20200000961

1. Limited Liability Company's Name

RED HAWK SALES, LLC.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 2916 Race Track Road Suite, Apt. #, etc.		3. Mailing Office Address SAME AS PRINCIPAL OFFICE Suite, Apt. #, etc.	
City & State ST. AUGUSTINE, FLORIDA		City & State	
Zip 32084	Country usa	Zip	Country

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** 1/10/2002

6. FEI Number
02-0558587

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
BRIAN L. JACOBS SR.
Street Address (P.O. Box Number is Not Acceptable)
2916 Race Track Road
Suite, Apt. #, Etc.
City
ST. AUGUSTINE, FLORIDA
State
FL
Zip Code
32084

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Brian L Jacobs Sr
REGISTERED AGENT MUST SIGN

Date 4-4-08

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
MGRM	BRIAN L. JACOBS SR.	2916 Race Track Road	ST. AUGUSTINE, FLORIDA 32084

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04/09/08--01004--015 **555.00

REINSTATEMENT 05, 08

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 Brian L Jacobs Sr Date 4-4-08 Daytime Phone # 904-824-8154

Typed or printed name of signing Managing Member/Manager BRIAN L. JACOBS SR.