PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 OCT 28 A 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(R2E041 10/08)

DOCUMENT # L02000006029

1. Limited Liability Company's Name

H & H SEASIDE DEVELOPMENT, L.L.C.

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1713 PENMAN ROAD		1713 PENMAN ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
JACKSONVILLE BEACH, FL		JACKSONVILLE BEACH, FL	
Zip	Country	Zip	Country
32250		32250	

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 03/13/02

6. FEI Number 300054706 ☐ 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
LYNN L. HILEMAN

Street Address (P.O. Box Number is Not Acceptable)
1713 PENMAN ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
JACKSONVILLE BEACH	FL	32250

☐ 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 Lynn L. Hileman Date 10-20-2008
REGISTERED AGENT MUST SIGN

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	LYNN L. HILEMAN	1713 PENMAN ROAD	JACKSONVILLE BEACH, FL 32250
		000137182910 10/22/08--01053--001 **377.50	
	REINSTATEMENT 2007, 2008		

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 Lynn L. Hileman Date 10-20-2008 Daytime Phone # 904-270-2250

Typed or printed name of signing Managing Member/Manager LYNN L. HILEMAN