


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:55

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L02 000008628

1. Limited Liability Company's Name

HALLS PLUMBING LLC

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

512 N. HUDSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

1

Zip

32835

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

4-8-2002

6. FEI Number

04-3781136

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

BILL HALL

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

805-ROSEMIST CT.

Suite, Apt. #, Etc.

City

OCFEE

State

FL

Zip Code

34761

☒ 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

BILL HALL

REGISTERED AGENT MUST SIGN

Date

2-1-07

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
<u>MGRM</u>	<u>BILL HALL</u>	<u>805-ROSEMIST CT.</u>	<u>OCFEE, FL 34761</u>

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02/08/07--01037--013 **150.00

REINSTATEMENT 05-07

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

BILL HALL

Date

1-31-07

Daytime Phone #

407-399-6375

Typed or printed name of signing Managing Member/Manager

Bill Hall