

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 12 AM 9:36

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

L020000012161

1. Limited Liability Company's Name

HSK CONSULTING LLC

700057405797  
07/13/05--01011--007 \*\*250.00

2. Principal Office Address

100 SOUTH POINTE DR.

Suite, Apt. #, etc.

TH #11

City & State

MIAMI BEACH FL

Zip

33139

Country

U.S.A.

3. Mailing Office Address

100 SOUTH POINTE DR.

Suite, Apt. #, etc.

TH #11

City & State

MIAMI BEACH FL

Zip

33139

Country

U.S.A.

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

SPRING 2002

6. FEI Number

03-0438432

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

STEVEN MILES

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

100 SOUTH POINTE DRIVE

Suite, Apt. #, Etc.

TH #11

City

MIAMI BEACH

State

FL

Zip Code

33139

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

Steven C Miles

REGISTERED AGENT MUST SIGN

Date

6/22/05

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
MB	STEVEN MILES	100 S. POINTE DRIVE TH 11	MIAMI BEACH FL 33139

REINSTATEMENT 03-05

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

Steven C Miles

Date

6/22/05

Daytime Phone #

703.587.8181

Typed or printed name of signing Managing Member/Manager

STEVEN C. MILES

CR2E041 (10/02)