L02000014541

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Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

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Account Name : M. BURR KEIM COMPANY
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LIMITED LIABILITY REINSTATEMENT

HJK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,071.25

J. BRYAN
JUN - 9 2009
EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L02000014541

1. Limited Liability Company's Name

HJK, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2445 WEST GULF DRIVE	2445 WEST GULF DRIVE
Suite, Apt. #, etc.: UNIT A34	Suite, Apt. #, etc.: UNIT A34
City & State: SANIBEL, FL	City & State: SANIBEL, FL
Zip: 33957 Country: USA	Zip: 33957 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 06/11/2002

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: WILLIAM H. KEHRLI

Street Address (P.O. Box Number is Not Acceptable): 2445 WEST GULF DRIVE

Suite, Apt. #, Etc.: UNIT A34

City: SANIBEL State: FL Zip Code: 33957

☐ 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: William H. Kehrli Date: 6-1-09

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	WILLIAM H. KEHRLI	2445 WEST GULF DRIVE, UNIT A34	SANIBEL, FL 33957
	REINSTATEMENT		
	2003-09		

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: William H. Kehrli Date: 6-1-09 Daytime Phone #: 570-342-6100

Typed or printed name of signing Managing Member/Manager: William H. Kehrli, Managing Member