

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -6 PM 2:59

DOCUMENT # L02000017977

1. Limited Liability Company's Name

Hannen LLC

CR2E041 (12/07)

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

5931 NW 1st Place

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32607-2063

Country

USA

3. Mailing Office Address

5931 NW 1st Place

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32607-2063

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

07/17/2002

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

E. Jay Hutto

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

5931 NW 1st Place

Suite, Apt. #, Etc.

City

Gainesville, FL

State

FL

Zip Code

32607-2063

☒ 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

REGISTERED AGENT MUST SIGN

Date

1/31/08

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	E. Jay Hutto	5931 NW 1st Place	Gainesville, FL 32607-2063

REINSTATEMENT 2006 - 2008

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02/01/08--01019--004 **416.25

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

Date

1/31/08

Daytime Phone # 352-378-1331

Typed or printed name of signing Managing Member/Manager E. Jay Hutto