

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -1 AM 8:24

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 102000021465

1. Limited Liability Company's Name

HAUTHORNE ACE HARDWARE, LLC

REINSTATEMENT 03-05

2. Principal Office Address

6910 SE 221st ST

Suite, Apt. #, etc.

City & State

HAUTHORNE FL

Zip

32640

Country

USA

3. Mailing Office Address

6910 SE 221st ST

Suite, Apt. #, etc.

City & State

HAUTHORNE FL

Zip

32640

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8-21-02

6. FEI Number

03-0482945

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

ROBERT BRISTOW

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

6910 SE 221st ST

Suite, Apt. #, Etc.

City

HAUTHORNE FL

State

FL

Zip Code

32640

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

Robert Bristow

REGISTERED AGENT MUST SIGN

Date 1-28-05

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
MGR	ROBERT BRISTOW	6985 CR 214 MELROSE FL 32666	
MGR	KAREN BRISTOW	6985 CR 214 MELROSE FL 32666	

100046364441
02/10/05-01012--019 **250.00

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

Robert Bristow

Date

1-28-05

Daytime Phone #

3524819928

Typed or printed name of signing Managing Member/Manager

ROBERT BRISTOW