

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000024529

1. Limited Liability Company's Name

HEMLEY REALTY LLC.

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

2500 NE 135TH ST

Suite, Apt. #, etc.

802

City & State

NORTH MIAMI, FL

Zip

33181

Country

USA

3. Mailing Office Address

1400 LINCOLN ROAD

Suite, Apt. #, etc.

504

City & State

MIAMI BEACH

Zip

33139

Country

USA

FILED

2009 DEC 24 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/19/2002

6. FEI Number

56-2295109

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

HEMLEY GONZALEZ

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

2500 NE-135TH ST.

Suite, Apt. #, Etc.

802

City

NORTH MIAMI

State

FL

Zip Code

33181

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/20/2009

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
MR	HEMLEY GONZALEZ	2500 NE ^{# 802} 135TH ST	NORTH MIAMI, FL 33181

500163344425
12/24/09-01043-003 ***377.50

REINSTATEMENT

08 09
12-28-09

11. E-mail Address: HEMLEY@AOL.COM

(To be used for future annual report notifications)

12. 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

[Signature]

Date 12/20/2009 Daytime Phone # 305-301-0808

Typed or printed name of signing Managing Member/Manager