

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 AM 7:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000025189

1. Limited Liability Company's Name

Hinson Overmeyer Realty, L.L.C.

MJH.1

4/22

2. Principal Office Address

9700 S. Dixie Hwy.

Suite, Apt. #, etc.

1030

City & State

Miami FL

Zip

33156

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09-26-02

6. FEI Number

05-0535670

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

Myron M. Samole

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

9700 S. Dixie Hwy.

Suite, Apt. #, Etc.

1030

City

Miami

State

FL

Zip Code

33156

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

Myron M. Samole

REGISTERED AGENT MUST SIGN

Date 4-8-04

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	Kristopher Hinson	9700 S. Dixie Hwy. 1030	Miami, FL 33156
Mgr	Cherie Wheaton Hinson	9700 S. Dixie Hwy. 1030	Miami, FL 33156

REINSTATEMENT 2003-2004

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

Kristopher Hinson

Date

4/19/04

Daytime Phone #

305.274-2626

Typed or printed name of signing Managing Member/Manager

Kristopher Hinson

CR2E041 (10/02)