

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
TALLAHASSEE, FLORIDA

04 AUG 13 AM 8:44

DOCUMENT # L 02 0000 25266

1. Limited Liability Company's Name

Hilaman & Thornton L.L.C.

200040223052
08/16/04--01077--001 **200.00

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Tallahassee Fl.

Zip

32318

Country

U.S.

3. Mailing Office Address

P.O. Box 180331

Suite, Apt. #, etc.

City & State

Tallahassee Fl.

Zip

32308

Country

U.S.

4. State/Country of Formation

Florida/Leon

5. Date Organized or Qualified
To Do Business in Florida

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

Thomas K. Hilaman

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

2900 Industrial Plaza Dr

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

8/13/04

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
<u>MEM</u>	<u>James Thornton</u>	<u>2900 Industrial Plaza</u>	<u>Tallahassee Fl. 32301</u>

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

[Signature]

Date

8/13/04

Daytime Phone #

850-566-5907

Typed or printed name of signing Managing Member/Manager

Thomas K. Hilaman

CR2E041 (10/02)