PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L02000029145

1. Limited Liability Company's Name

Typed or printed name of signing Managing Member/Manager

Hume Enterprice LLC
HUME ENTERPRISES LLC



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA 000031757750 04/02/04 01079 001 \$155,00

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2. Principal Office Address 4540 NW 107 Ave			3. Mailing Office Address 4540 NW 107 Ave		ntry of Form		,		
Suite, Apt. #, etc. 308		Suite, Apt. #, 308	Suite, Apt. #, etc.		United States 5. Date Organized or Qualified To Do Business in Florida 10/31/02				
City & State		City & State Miami,	City & State Miami, Florida			532956	Appl	lied For	
Zip 33178	Country USA	Zip 33178	Country	7. CERTIFICATE		\$5.00	Not Additional F		
		8. 1	Name and Address of Current Re	egistered Agent					
-		Aaron Hume							
		Street Address (P.O. Box Number is Not Acceptable) 4540 NW 107 Ave							
		Apt. #, Etc. 308							
	City Miami	Miami ,				Zip Code 33178			
Signature o Registered	Agent	REGISTERED AG	SENT MUST SIGN		Date _	4/20/	04		
Titles	Na	mariaging members/managers ame of mbers/Managers	Street Address of Each Managing Member/ Manager		City / State / Zip				
Pres.	Aaron Hume		4540 NW 107 Ave		Miami/Florida/33178				
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filing the all fees as if m	this reinstatement application is owed by the limited liability made under oath.	i the reason for dissolution has	r trustee empowered to execute the been eliminated, the limited liabilitie information indicated on this appliance.	ty company name satisfie lication is true and accura	es the requi ate, and my	irements of section 60 y signature shall have	08.406, F.S., a the same leg	and that gal effect	
Signature o Managing N	of Member/Manager		Date	4/20/04 1	Daytime Ph	none#_ <i>305</i>	3327	473	