

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 30 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032409

1. Limited Liability Company's Name
HASVANDO, L.C.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 4445 N. A1A Suite, Apt. #, etc. Suite 200 City & State Vero Beach Zip 32963		Country US		3. Mailing Office Address 4445 N. A1A Suite, Apt. #, etc. Suite 200 City & State Vero Beach Zip 32963		Country US	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/03/2002	
6. FEI Number 52-2388176	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

6. Name and Address of Current Registered Agent			
Name Ira C. Hatch			
Street Address (P.O. Box Number is Not Acceptable) 1701 Highway A1A			
Suite, Apt. #, Etc. Suite 220			
City Vero Beach		State FL	Zip Code 32963

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 *Ira C. Hatch* Date 9/28/2008

REGISTERED AGENT MUST SIGN

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
MGRM	Hans Grimm	4445 A-1-A Highway	Vero Beach, Florida 32963
MGRM	Maryann C. Harty	4445 A-1-A Highway	Vero Beach, Florida 32963

REINSTATEMENT 2005-2008

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 *Ira C. Hatch as ally* Date 09.28-2008 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **HANS GRIMM/IRA C. HATCH, Attorney-In-Fact**



CORPORATION SERVICE COMPANY

LO 2000032409

RECEIVED
08 SEP 30 PM 1:47

ACCOUNT NO. : 072100000032

REFERENCE : 724911

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 600.00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
150991A

ORDER DATE : September 30, 2008

ORDER TIME : 12:33 PM

ORDER NO. : 724911-015

CUSTOMER NO: 150991A

DOMESTIC FILINGS

NAME: HASVANDO, LC

[Handwritten initials]

FILED
08 SEP 30 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS

[Handwritten signature]