

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000032409

1. Limited Liability Company's Name

HASVANDO, L.C.

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

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

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

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

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

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

UUU136523260

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

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 20000032409

RECEIVED
08 SEP 30 PM 1:47

ACCOUNT NO. : 072100000032

REFERENCE : 724911

AUTHORIZATION :

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

BK

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

BK