

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -3 AM 8:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000023268

1. Limited Liability Company's Name

HBCU SPIRIT LLC

2. Principal Office Address - No P.O. Box #

7908 River Ridge Drive

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33637

Country

USA

3. Mailing Office Address

PO Box 280327

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33682

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 6/18/2003

6. FEI Number

300122966

☐ 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

Anthony DePass

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

7908 River Ridge Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33637

☒ 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**

Anthony DePass
REGISTERED AGENT MUST SIGN

Date 10/16/09

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	Anthony DePass	7908 River Ridge Drive	Tampa/FL/33637
	L. SELLERS		
	NOV - 3 2009		
	EXAMINER		
		REINSTATEMENT	07-09

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**

Anthony DePass
Anthony DePass

Date 10/16/09

Daytime Phone # (727)560-2734

Typed or printed name of signing Managing Member/Manager