

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 NOV 13 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400138185504  
11/21/08--01048--003 \*\*693.75

**DOCUMENT # L03000028141**

1. Limited Liability Company's Name

HEPAC, LLC

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

1565 4th LANE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

VERO BEACH, FLORIDA

City & State

Zip

32962

Country

Zip

Country

04-08

CR2E041 (10/08)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

07-31-03

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  
HECTOR FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)  
1565 4th LANE

Suite, Apt. #, Etc.

City  
VERO BEACH

State  
FL

Zip Code  
32962

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

REGISTERED AGENT MUST SIGN

Date

**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
MGM	HECTOR FERNANDEZ	1565 4th LANE	VERO BEACH, FL 32962

11/13

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 11-10-08

Daytime Phone#

Typed or printed name of signing Managing Member/Manager **HECTOR FERNANDEZ**