

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000030699

1. Limited Liability Company's Name

HL CRUISING, LLC

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

9610 GRIFFIN ROAD

Suite, Apt. #, etc.

City & State

COOPER CITY

Zip

33328

Country

USA

3. Mailing Office Address

9610 GRIFFIN ROAD

Suite, Apt. #, etc.

City & State

COOPER CITY

Zip

33318

Country

USA

8. Name and Address of Current Registered Agent

Name

HARRY A. LINET

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

9610 GRIFFIN ROAD

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33328

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 08/25/08

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	HARRY A. LINET	9610 GRIFFIN ROAD	COOPER CITY, FL 33328

REINSTATEMENT 2004-2009

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 08/25/08

Daytime Phone # 786.290.0606

Typed or printed name of signing Managing Member/Manager

HARRY A. LINET, MANAGING MEMBER

FILED

08 AUG 28 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/28/08--01036--001 **793.75

CR2E041 (12/07)

4. State/Country of Formation

FLORIDA - U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

08/18/03

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.