

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -9 PM 12:46

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000036640

1. Limited Liability Company's Name

HAMMER, LLC

CR2E041 (12/07)

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

2906 HYDE PARK STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34239

Country

SARASOTA

3. Mailing Office Address

2906 HYDE PARK STREET

Suite, Apt. #, etc.

City & State

SARASOTA

Zip

34239

Country

SARASOTA

4. State/Country of Formation

FLORIDA/SARASOTA

5. Date Organized or Qualified

To Do Business In Florida 9/25/2003

6. FEI Number

56-2451303

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

JOHN W. CHAPMAN, ESQ.

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

1819 MAIN STREET

Suite, Apt. #, Etc.

SUITE 610

City

SARASOTA

State

FL

Zip Code

34236

☒ 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 6-16-08

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
MGF	DAVID SESSIONS	2902 HYDE PARK STREET	SARASOTA, FL 34239

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06/25/08--01019--004 **416.25

REINSTATEMENT
W/O/P 06-08

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 6-16-08

Daytime Phone # 941-366-3116

Typed or printed name of signing Managing Member/Manager DAVID SESSIONS

Name not avail.
RA SIGN