2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Aug 14, 2009
Secretary of State

DOCUMENT# L03000040058

Entity Name: HAYMAKER ENTERPRISES, L.L.C.

Current Principal Place of Business:

6900 SILVERSTAR ROAD 206B
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 112
GOTHA, F 34734

New Mailing Address:

FEI Number: 52-2207584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOYLE, PATRICK
800 W. MORSE BOULEVARD, SUITE 1
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SHADERA, SALARBUX
17806 WESTBAY CT.
WINTER GARDEN, FL 34787 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHADERA SALARBUX 08/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SALARBUX, MOHAMMED Z
Address: P. O. BOX 112
City-St-Zip: GOTHA, FL 34734

Title: V ( ) Delete
Name: SALARBUX, SHADERA
Address: P. O. BOX 112
City-St-Zip: GOTHA, FL 34734

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M. SALARBUX MGR 08/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date