

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 OCT 21 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1.03000043123

1. Limited Liability Company's Name

HEMLOCK, LLC

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

2300 UNDERWOOD

Suite, Apt. #, etc.

3. Mailing Office Address

2300 UNDERWOOD

Suite, Apt. #, etc.

City & State

HOUSTON, TX

City & State

HOUSTON, TX

Zip

77030

Country

USA

Zip

77030

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11-06-2003

6. FEI Number
20-0379942

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

DAVID C. ULLMAN

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

230 EAST TILLMAN AVE

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL

Zip Code

33853

☒ 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

David C. Ullman

Date

10/7/09

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
MGR	ELIZABETH B. STEWART	2300 UNDERWOOD	HOUSTON, TX 77030

800161773318

10/13/09 01050-017 **421.25

REINSTATEMENT

07-09

XL 10/22/09

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

Elizabeth B. Stewart

Date

10.9.09

Daytime Phone #

713.441.5417

Typed or printed name of signing Managing Member/Manager

ELIZABETH B. STEWART