

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 FEB -6 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000004023

1. Limited Liability Company's Name

HamaKnockers LTD. CO.

CR2E041 (12/07)

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

200 OAKWOOD TRL.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE FL

Zip

32327

Country

USA

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

37-1482229

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

JAMES V LOWE

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

200 OAKWOOD TRL

Suite, Apt. #, Etc.

City

CRAWFORDVILLE

State

FL

Zip Code

32327

☒ 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

JAMES V LOWE

REGISTERED AGENT MUST SIGN

Date

2-6-08

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
MGR	James V Lowe	200 OAKWOOD TRL	CRAWFORDVILLE FL 32327
MEM	CAROLE LOWE	200 OAKWOOD TRL	Crawfordville FL 32327
MEM	JAMES LOWE	200 OAKWOOD TRL	Crawfordville FL 32327
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REINSTATEMENT

2006-2008

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

JAMES V LOWE

Date

2-6-08

Daytime Phone

(850) 926-3229

Typed or printed name of signing Managing Member/Manager

JAMES V LOWE