

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 APR -2 PM 3:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000005859

1. Limited Liability Company's Name
Joe Hill LLC

2. Principal Office Address - No P.O. Box #
1740 Lightsey Rd
Suite, Apt. #, etc.

3. Mailing Office Address
1740 Lightsey Rd
Suite, Apt. #, etc.

City & State
St Augustine FL

City & State
St Augustine FL

Zip Country
32084 USA

Zip Country
32084 USA

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified To Do Business in Florida
3-21-08

6. FEI Number
200629545

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status.

CR2E041 (12/07)

8. Name and Address of Current Registered Agent

Name
Joseph D. Hill

Street Address (P.O. Box Number is Not Acceptable)
1740 Lightsey Rd
Suite, Apt. #, Etc.

City
St Augustine

State
FL

Zip Code
32084

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 [Signature] Date 3-21-08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Joseph D. Hill	1740 Lightsey Rd	St Aug FL 32084
			5/29/07 8.0033 - 00195500
			200121197882 03/25/08--01018--019 **461.25
REINSTATEMENT			
			06-08 521.25

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 [Signature] Date 3-21-08 Daytime Phone # 504 581 1047

Typed or printed name of signing Managing Member/Manager Joseph D Hill