

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

9-16-05
#150.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR 19 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000006074

1. Limited Liability Company's Name

HAMDELUE INVESTMENTS, LLC

CRZE041 (1/07)

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

6555 SW 734 ST

Suite, Apt. #, etc.

3. Mailing Office Address

10601 NW 12TH CT.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

PLANTATION

Zip

34476

Country

USA

Zip

FL

Country

33322

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

1/22/04

6. FEI Number

20-0748985

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

ERIC LUE YOUNG

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

10601 NW 12TH CT

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33322

☒ 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]

REGISTERED AGENT MUST SIGN

Date 3/6/07

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
PRG.	ERIC LUE YOUNG	10601 NW 12TH CT.	PLANTATION, FL 33322

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03/23/07--01009--019 **150.00

REINSTATEMENT 05-07

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 3/6/07

Daytime Phone# 305 467-8939

Typed or printed name of signing Managing Member/Manager

ERIC LUE YOUNG

3/6/07

DEAR Sir/MADAM,

I'm Solly, but I DID NOT RECEIVE THE RENEWAL
NOTICE. PLEASE MAIL TO my HOME.

THANK YOU,

Chiranjeev