

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 12 AM 8:51

DOCUMENT # L04000006473

1. Limited Liability Company's Name

Ehrhart & Hansen Holdings, LLC

REINSTATEMENT *2007-09 JSH*

900150942219
04/17/09--01004--029 **138.75
CR2E041 (10/08)

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

7065 Westpointe Blvd.,

3. Mailing Office Address

7065 Westpointe Blvd.

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

Suite 303

City & State

Orlando

City & State

Orlando

Zip

32835

Country

US

Zip

32835

Country

US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified

To Do Business in Florida 1/23/2004

6. FEI Number

20-0634397

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

Michael Tremi

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

7065 Westpointe Blvd

Suite, Apt. #, Etc.

Suite 303

City

Orlando

State

FL

Zip Code

32835

☒ 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

Date 04/13/2009

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
MGRM	Tom O Hansen	7065 Westpointe Blvd., Suite 303	Orlando/FL/32835
MGMR	Bryon Ehrhart	7065 Westpointe Blvd., Suite 303	Orlando/FL/32835

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06/11/09--01056--019 **138.75

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

Date 4/13/2009

Daytime Phone # 407-532-2114

Typed or printed name of signing Managing Member/Manager Tom O Hansen