

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 13 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000205571200
05/16/11--01021--016 **138.75

CR2E041 (05/10)

DOCUMENT # *one* *L04000006593*

1. Limited Liability Company's Name

MIKE HANEY LLC

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

199 Bull Run Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Osteen FL

Zip

32764

Country

USA

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-0647522

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 Haney

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

199 Bull Run Ave

Suite, Apt. #, Etc.

City

Osteen

State

FL

Zip Code

32764

04/29/11--01005--002 **238.75

000205571200

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

Michael Haney

Date *4-25-11*

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
<i>MEM</i>	<i>MIKE HANEY</i>	<i>199 Bull Run Avenue</i>	<i>Osteen, FL 32764</i>

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Michael Haney

Date *4-25-11*

Daytime Phone # *407 7192893*

Typed or printed name of signing Managing Member/Manager