

\$282.50

Phone # 561-585-3998
561-572-8014

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 29 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000009151

1. Limited Liability Company's Name

Dick Hickman Installation,
LLC

CR2E041 (12/07)

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

1925 Cynmar Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

1925 Cynmar Dr.
Suite, Apt. #, etc.

City & State

West Palm Beach

Zip
33409

Country

Palm Bch

City & State

West Palm Beach

Zip
33409

Country

Palm Bch

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

N/A

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
Dick Hickman

Street Address (P.O. Box Number is Not Acceptable)
1925 Cynmar Dr.
Suite, Apt. #, Etc.

City
West Palm Beach

State
FL

Zip Code
33409

☒ 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

☒

REGISTERED AGENT MUST SIGN

Date

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		
	Hickman, Dick		
	6207 Georgia Ave		
	West Palm Beach		
	Florida 33405		

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REINSTATEMENT 07-08

CNO

11. I certify that I am managing member/manager of 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager