

L04000019542

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 14 PM 1:20

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000019542**

1. Limited Liability Company's Name

H2T ENTERPRISES, LLC

08

PRK

CR2E041 (11/09)

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

22 S.W. 97th PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

22 S.W. 97th PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33174

Country

U.S.

City & State

MIAMI, FL

Zip

33174

Country

U.S.

4. State/Country of Formation

FLORIDA,

5. Date Organized or Qualified

To Do Business in Florida

03-01-2004

6. FEI Number

20-0821714

☒ 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

HECTOR S. TORRES.

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

22 S.W. 97th PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33174

☒ 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

Hector S. Torres

REGISTERED AGENT MUST SIGN

Date

Jan 12, 2010

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.	HECTOR S TORRES	22 S.W. 97th PLACE	MIAMI, FL. 33174

REINSTATEMENT

2008-2010

400166158474

01/14/10--01003--012--421-25**

11. E-mail Address: **HST77 @ HOTMAIL. COM.**

(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

Hector S. Torres

Date

Jan 12, 2010

Daytime Phone #

305 807 9030

Typed or printed name of signing Managing Member/Manager