2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000023596 FILED. 1. Entity Name HOOVER ENTERPRISES, LLC 12 MAR 20 AM 8: 30 SECRETARY OF STATE Principal Place of Business Mailing Address FALL ANASSEE, ELECRICA 5707 HOVER CT. 5707 HOVER CT. TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 03202012 REIN-LLC CR2E101 (12/11) Applied For 4. FEI Number City & State City & State 20-1963456 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOOVER, DONNIE R Street Address (P.O. Box Number is Not Acceptable) 5707 HOVER CT. TALLAHASSEE, FL 32311 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations registered agen 3-20-12 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating Make check payable to FILE NOW!!! FEE IS \$377.50 Florida Department of State . /: MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITI F ☐ Change Addition HOOVER, ANNETTE L NAME NAME STREET ADDRESS 5707 HOVER CT. STREET ADDRESS CITY ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP MGRM ☐ Change Addition | TITLE ☐ Delete TITLE HOOVER, DONNIE R NAME NAME 400225281584 STREET ADDRESS 5707 HOVER CT. STREET ADDRESS 03/20/12--01003--001 **377.50 CITY- ST- ZIP TALLAHASSEE, FL 32311 CITY - ST- ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- ZIP CITY- ST- ZIP mir. Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS REINSTATEM STREET ADDRESS CITY - ST- 218 CITY-ST- ZIP Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- ZIP CITY- ST- ZIP Change TITLE . 🔲 Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 3-20-12 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DISC E-MAIL ADDRESS