

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

9-16-08
150.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR -9 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000026578

1. Limited Liability Company's Name

HIS COVERING LLC

CR2E041 (1/07)

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

1022 INDIAN OAKS W

Suite, Apt. #, etc.

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

City & State

HOLLY HILL FL

Zip

32117

Country

USA

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

4-1-04

6. FEI Number

86-1101295

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

WESLEY NEGRINI

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

1022 INDIAN OAKS W

Suite, Apt. #, Etc.

City

HOLLY HILL

State

FL

Zip Code

32117

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-23-7

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	WESLEY NEGRINI	1022 INDIAN OAKS W	HOLLY HILL FL 32117
MEMBER	KATHERINE NEGRINI	" "	" "

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03/14/07--01045--015 **150.00

REINSTATEMENT 05-07

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

[Signature]

Date 2-23-7

Daytime Phone # 386 323-6121

Typed or printed name of signing Managing Member/Manager

WESLEY NEGRINI