

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

L04000037767  
Hamlet LLC

1. Limited Liability Company's Name

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

1044 Darlington Court

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Zip

FI

Country

USA

Zip

34758

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9/15/2006

6. FEI Number

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

Ishmael Hamlet

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

1044 Darlington Court

Suite, Apt. #, etc.

Kissimmee FI

City

Kissimmee

State

FL

Zip Code

34758

E-mail Address:

Ihaml@aol.com

(To be used for future annual report notices)

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

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MEM    | Ishmael Hamlet                       | 1044 Darlington Court                             | Kissimmee FI 34758 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
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|        |                                      |   |                    |

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JB

REINSTATEMENT 2006-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager