

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000045487

1. Limited Liability Company's Name

ON THE HOOK, LLC

FILED

10 MAY -4 PM 1:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**600180237336
05/04/10--01008--004 **655.00**

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
5362 Bloomfield Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address
5362 Bloomfield Boulevard

Suite, Apt. #, etc.

City & State
Lakeland, Florida

City & State
Lakeland, Florida

Zip
33810

Country
USA

Zip
33810

Country
USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida **06/16/2004**

6. FEI Number
81-0651572

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
JOANN COLLIER

Street Address (P.O. Box Number is Not Acceptable)
5362 BLOOMFIELD BOULEVARD

Suite, Apt. #, Etc.

City
LAKELAND

State
FL

Zip Code
33810

☐ 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	JOANN COLLIER	5362 BLOOMFIELD BOULEVARD	LAKELAND, FLORIDA 33810

REINSTATEMENT 07-10

11. E-mail Address: chris.fear@gray-robinson.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

Joann Collier

Date 4-29-10

Daytime Phone # 863-660-1101

Typed or printed name of signing Managing Member/Manager

JOANN COLLIER