

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:47

DOCUMENT # L04000058706

1. Limited Liability Company's Name

HACH-ALLUCHI, LLC

2. Principal Office Address

3515 Crystal Ct.

Suite, Apt. #, etc.

City & State

Coconut Grove, Florida

Zip

33133

Country

U.S.A.

3. Mailing Office Address

3515 Crystal Ct.

Suite, Apt. #, etc.

City & State

Coconut Grove, Florida

Zip

33133

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

08/06/2004

6. FEI Number

NONE

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

Jeanne Hach Alluch

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

3515 Crystal Ct.

Suite, Apt. #, Etc.

City

Coconut Grove

State

FL

Zip Code

33133

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

Jeanne Hach Alluch  
REGISTERED AGENT MUST SIGN

Date 10/17/06

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	Jeanne Hach Alluch	3515 Crystal Ct.	Coconut Grove, FL 33133

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REINSTATEMENT 05-06

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

Jeanne Hach Alluch

Date 10/17/06

Daytime Phone #

(786) 473-9346

Typed or printed name of signing Managing Member/Manager

Jeanne Hach Alluch