

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000061466

1. Limited Liability Company's Name

HALLEN HOLDINGS LLC

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

3320 Shady Oak Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Zip

33810

Country

POLK

Zip

Country

8. Name and Address of Current Registered Agent

Name

HAL PARKERSON

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

3320 Shady Oak Drive

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33810

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

5/5/10

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
MEMBER	HAL B PARKERSON	2230 Shady Oak Dr. E	LAKELAND, FL 33810
MEMBER	ELLEN T PARKERSON	2279 Edgemere Lake Circle	Marietta, GA 30062
			JB

REINSTATEMENT 2006-10

11. E-mail Address:

(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

*[Signature]*

Date

4/2/10

Daytime Phone #

678-662-9480

Typed or printed name of signing Managing Member/Manager

FILED

10 MAY 20 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000180495440  
05/06/10--01018--019 \*\*\$55.00

CR2E041 (11/09)

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

1-14-05

6. FEI Number

202061039

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

05/13/10--01018--001 \*\*\$8.75  
000180495440



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2572  
FILED  
10 MAY 20 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 12, 2010

HALLEN HOLDINGS LLC  
3320 SHADYOAKS DR.  
LAKE LAND, FL 33810

SUBJECT: HALLEN HOLDINGS LLC  
Ref. Number: L04000061466

We have received your document for HALLEN HOLDINGS LLC and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate without penalty is \$693.75.

There is a balance due of \$38.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 910A00012025