
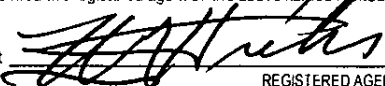
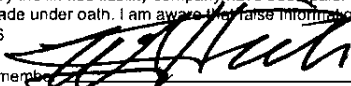


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000075953			
1. Limited Liability Company's Name WAYNE Hicks, LLC			
2. Principal Office Address - No P.O. Box # 2820 SHAMROCK ST. SOUTH TALLAHASSEE, FLORIDA 32309		3. Mailing Office Address 2820 SHAMROCK ST. SOUTH TALLAHASSEE, FLORIDA 32309	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL.		City & State Tallahassee, FL.	
Zip	Country	Zip	Country
32309	USA	32309	USA
8. Name and Address of Current Registered Agent			
Name WAYNE Hicks			
Street Address (P.O. Box) 2820 SHAMROCK ST. SOUTH TALLAHASSEE, FLORIDA 32309			
Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32309
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date Nov. 13, 2015	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGMR	WAYNE Hicks	2820 SHAMROCK ST. SOUTH TALLAHASSEE, FLORIDA 32309	Tallahassee, FL 32309
REINSTATEMENT			
2015			
NOV 18 2015			
L. SELLERS			
11. E-mail Address: whicks424@gmail.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member 		Date 11-13-15 Daytime Phone # 850-510-7171	
Typed or printed name of signing authorized representative/member			

FILED

15 NOV 17 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

State/Country of Formation

Tallahassee / USA

5. Date Organized or Qualified To Do Business in Florida

10-20-2004

6. FEI Number

562416016

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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