PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG 11 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/05/09--01029--007 **416.25
CR2E041 (10/08)

DOCUMENT # L05000003592

1. Limited Liability Company's Name

Hyeon, LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
700 East Semoran Blvd.		700 East Semoran Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Casselberry, FL		City & State: Casselberry, FL	
Zip: 32707	Country: USA	Zip: 32707	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/05/2005

6. FEI Number: 562495935 ☐ 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: Bevan, H. J.

Street Address (P.O. Box Number is Not Acceptable): 700 East Semoran Blvd.

Suite, Apt. #, Etc.

City	State	Zip Code
Casselberry	FL	32707

☑ 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 _____ Date 7/31/09

REGISTERED AGENT MUST SIGN

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
MGRM	H. J. Bevan	~~1852 Sunningdale Court~~	~~Oviedo, FL 32765~~
		1452 CARING CT	MAITLAND.FL 32751
	REINSTATEMENT		S. HAWKES
	2007/09		AUG 12 2009
			EXAMINER

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 _____ Date 7/31/09 Daytime Phone # 407 463 9972

407 331 9022

Typed or printed name of signing Managing Member/Manager: H. J. Bevan