PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIAE COMPAN REINSTATEN	Y	Se	EPARTMEN ecretary of St			09 MAI	12 PM 2:03	
DOCUMENT # L05000015666 1. Limited Liability Company's Name						MLIAHASS	1. 2. 03 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Sandy Hope Pitchford, LLC					900155621369 05/07/0901011003 **550.00 cr26041 (10/08)			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address						URZEU41 (10/		
31 Saddleback Road Same					4. State/Coun	try of Formation		
		Suite, Apt. #, etc	te, Apt. #, etc.		Florida			
					5. Date Organized or Qualified To Do Business in Florida			
City & State City & State					2/15/05 6. FEI Number Applied For			
Tequesta, FL					20-3873620 Not Applicable			
Zip Country		Zip Country		у	7. \$5.00 Additional Fee required			
33469	USA				CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status	
8. Name and Address of Current Registered Agent								
Name Sandy Hope Pitchford					A \$100 reinstatement fee is imposed, except			
Street Address (P.O. Box Number is Not Acceptable)					in circumstances which the entity did not receive the prior notices. By checking this			
	eback Road				box, you are certifying the prior notices were			
Suite, Apt. #, Etc.					not received and requesting the \$100 reinstatement be waived.			
City			State Zip Code		reinstat	ement de waived.		
Tequesta			FL	33469	· ·			
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			ENT MUST SIGN		Date			
10. Names and Street Addresses of Managing Members/Managers								
Name of			Street Address of Each					
Titles Managing Members/Managers			Managing Member/Mana			City / S	tate / Zip	
Mgrm Sandy	Sandy Pitchford		31 Saddleback Road			Tequesta, FL	33469	
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					C LI	A 1 a		
				S. HAWKES				
RE	EINSTAT	FME	NT		MΔ	Y 1 4 200g		
2006								
200G-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 filling 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 514109 Daytime Phone #501-437-7232								
Typed or printed name of signing Managing Member/Manager Sandy Pitchford								