

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007-2008  
LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000021934

1. Limited Liability Company's Name

Hinrichs Properties, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1029 Charles St. Suite, Apt. #, etc.		3. Mailing Office Address 1029 Charles St. Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33755	Country Pinellas	Zip 33755	Country Pinellas

4. State/Country of Formation FL / U.S.A.	
5. Date Organized or Qualified To Do Business in Florida March 3, 2005	
6. FEI Number 20-2435611	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Amy G. Hinrichs

Street Address (P.O. Box Number is Not Acceptable)  
1029 Charles St.

Suite, Apt. #, Etc.

City  
Clearwater

State  
FL

Zip Code  
33755

☐ 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

*Amy G. Hinrichs*  
REGISTERED AGENT MUST SIGN

Date 4/14/08

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	Donald J. Hinrichs	4116 Harbor View Ln.	Largo, FL 33770
MGRM	Amy G. Hinrichs	1029 Charles St.	Clearwater, FL 33755
MGRM	Kurt B. Hinrichs	1029 Charles St.	Clearwater, FL 33755

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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

*Amy G. Hinrichs*

Date 4/14/08

Daytime Phone # (727) 446-8916

Typed or printed name of signing Managing Member/Manager

Amy G. Hinrichs

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