

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0500022383

1. Limited Liability Company's Name

Hayes & Hayes llc

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

3170 North Federal Highway

Suite, Apt. #, etc.

103E Eldorado Building

City & State

Lighthouse Point Florida

Zip

33064

Country

USA

3. Mailing Office Address

3210 SE 10 Street

Suite, Apt. #, etc.

7b

City & State

Pompano Beach

Zip

33062

Country

USA

8. Name and Address of Current Registered Agent

Name

Malcolm Hayes

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

3210 SE 10 Street

Apt. #, Etc.

7b

City

Pompano Beach

State

FL

Zip Code

33062

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

M J Hayes

REGISTERED AGENT MUST SIGN

Date 5/20/2015

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
Mr	Malcolm Hayes	3210 SE 10 Street #7b	Pompano Beach Florida 33062
Mrs	Yvonne Hayes	3210 SE 10 Street #7b	Pompano Beach Florida 33062

11. E-mail Address: malcolm_hayes@att.net

(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

M J Hayes

Date

5/20/2015

Daytime Phone #

9544806243

Typed or printed name of signing authorized representative/member Malcolm Hayes

FILED

15 JUN -2 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

March 7 2005

6. FEI Number

20-3349585

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

500273530235
06/02/15--01002--003 **\$21.25