


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUN -2 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0500022383
1. Limited Liability Company's Name
Hayes & Hayes llc

2. Principal Office Address - No P.O. Box # 3170 North Federal Highway		3. Mailing Office Address 3210 SE 10 Street	
Suite, Apt. #, etc. 103E Eldorado Building		Suite, Apt. #, etc. 7b	
City & State Lighthouse Point Florida		City & State Pompano Beach	
Zip 33064	Country USA	Zip 33062	Country USA

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

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

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

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* Date **5/20/2015**

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
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**