

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L05000041192

1. Limited Liability Company's Name

H.I.S., LLC

2. Principal Office Address

315 SE Mizner Blvd.

Suite, Apt. #, etc.

Suite 211

City & State

Boca Raton, Florida

Zip

33432

Country

U.S.

3. Mailing Office Address

315 SE Mizner Blvd.

Suite, Apt. #, etc.

Suite 211

City & State

Boca Raton, Florida

Zip

33432

Country

U.S.

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

None

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

Mark DeSimone

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

315 SE Mizner, Blvd.

Suite, Apt. #, Etc.

Suite 211

City

Boca Raton

State

FL

Zip Code

33432

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

[Signature]

Date

11/7/06

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
Manager Member	Mark DeSimone	315 SE Mizner Blvd, Suite 211	Boca Raton, FL 33432

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REINSTATEMENT

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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

[Signature]

Date

11/7/06

Daytime Phone # (561) 901-1675

Typed or printed name of signing Managing Member/Manager Mark DeSimone