

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000045507

1. Limited Liability Company's Name

William HINES LLC

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

2035 SPECK DR

Suite, Apt. #, etc.

City & State

HOLIDAY FL

Zip

34691

Country

PASCO

3. Mailing Office Address

2035 SPECK DR

Suite, Apt. #, etc.

City & State

HOLIDAY

Zip

34691

Country

PASCO

4. State/Country of Formation

PASCO

5. Date Organized or Qualified
To Do Business in Florida

5/6/05

6. FEI Number

20-2947274

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

William HINES

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

2035 SPECK DR

Suite, Apt. #, Etc.

City

HOLIDAY

State

FL

Zip Code

34691

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

William John Hines

Date

11/5/07

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
MEMBER	GEORGE PRINCE	2035 SPECK DR	HOLIDAY, FL 34691
MEMBER	WILLIAM HINES	2035 SPECK DR	HOLIDAY FL 34691

REINSTATEMENT

2006-2007

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11/07/07--01033--005 **105.00

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

William John Hines

Date

11/5/07

Daytime Phone #

727 741 7286

Typed or printed name of signing Managing Member/Manager

William HINES

GEORGE E PRINCE 11-05-07