

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000048008

1. Limited Liability Company's Name

Hattack, L.L.C.

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

246 75th Ave

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ST Pete Beach, FL

Zip

33706

Country

USA

City & State

FL

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

5-13-2005

6. FEI Number

861142290

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (05/10)

8. Name and Address of Current Registered Agent

Name

Ioannis Hatziliadis

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

246 75th Ave

Suite, Apt. #, Etc

City

ST Pete Beach

State

FL

Zip Code

33706

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

REGISTERED AGENT MUST SIGN

Date 7/6/10

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
Mgr	Ioannis Hatziliadis	246 75th Ave	ST Pete Beach, FL
			33706

800180550898  
06/29/10--01010--010 \*\*516.25

REINSTATEMENT 08-10 HL

11. E-mail Address: Xenia International@yahoo.com

(To be used for future annual report notifications)

12. 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

Date 7/6/10 Daytime Phone # 727-360-1212

Typed or printed name of signing Managing Member/Manager