

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000051927

1. Limited Liability Company's Name

H J & F LLC

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

5621 Wellfield Rd

Suite, Apt. #, etc.

City & State

New Port Richey FL

Zip

34655

Country

USA

3. Mailing Office Address

5621 Wellfield Rd

Suite, Apt. #, etc.

City & State

New Port Richey FL

Zip

34655

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

5/19/2005

6. FEI Number

202785988

☐ 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

JAMES SHEDDEN

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

5621 Wellfield Rd.

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34655

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:

James Shedden
REGISTERED AGENT MUST SIGN

Date

8/3/10

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 |
|--------|--------------------------------------|---|---------------------------------|
| MGMR | James Shedden | <u>5621 Wellfield Rd</u> <u>New Port Richey FL 34655</u> | <u>New Port Richey FL 34655</u> |
| MGR | Judy Shedden | <u>5621 Wellfield Rd</u> | <u>New Port Richey FL 34655</u> |
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REINSTATEMENT

8-10

CL-81340

11. E-mail Address:

jdynpr@yahoo.com jdynpr@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

James Shedden

Date

8/3/10

Daytime Phone #

813-918-6856

Typed or printed name of signing Managing Member/Manager

JAMES SHEDDEN