

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000059925

1. Limited Liability Company's Name

Halina Investments, LLC

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

1611 State Road 60 East

Suite, Apt. #, etc.

3. Mailing Office Address

1611 State Road 60 East

Suite, Apt. #, etc.

City & State

Lake Wales

City & State

Lake Wales

Zip

33853

Country

USA

Zip

33853

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6-10-05

6. FEI Number

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

Eduvigia T. Ancaya

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

3412 Stonebridge Trail

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **4-7-09**

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
MGR	Francisco J. Ancaya	1611 State Road 60 East	Lake Wales, FL 33853
MGR	Eduvigia T. Ancaya	3412 Stonebridge Trail	Valrico, FL 33594

REINSTATEMENT 2006-09

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 **4-7-09**

Daytime Phone # **863-605-2468**

Typed or printed name of signing Managing Member/Manager **Eduvigia T. Ancaya**

FILED
09 MAY 13 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/10/09--01020--016 **655.00

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JB