

L05000068496

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -1 PM 4:36

DOCUMENT # L05000068496

1. Limited Liability Company's Name

HOW TO HAVE FUN RENTALS LLC

09

PK

CR2E041 (11/09)

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

3. Mailing Office Address

8140 Bays Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32312

Country

U.S.

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

KEITH G. HOWARD

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

8140 Bays Court

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

☒ 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

Keith G. Howard

Date Feb 1, 2010

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	KENNETH G. HOWARD	8140 VIBURNUM COURT	TALLAHASSEE, FL 32312

REINSTATEMENT 2009-2010

700167720587
02/02/10--01001--022 **277.50

11. E-mail Address HOW TO HAVE FUN RENTALS @S@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

Keith G. Howard

Date 1 FEB 10

Daytime Phone # (850) 384-3234

Typed or printed name of signing Managing Member/Manager