

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L05000071517**

1. Entity Name  
**MIKE HAILE INVESTMENTS, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 18 AM 10:03

Principal Place of Business  
**410 EAST DESOTO STREET  
PENSACOLA, FL 32501**

Mailing Address  
**410 EAST DESOTO STREET  
PENSACOLA, FL 32501**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 13425**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10162006 REIN-LLC CR2E101 (11/05)

City & State

City & State  
**Pensacola FL**

4. FEI Number

**20-3196137**

Applied For

Not Applicable

Zip

Country

Zip  
**32591**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAILE, MIKE  
410 EAST DESOTO STREET  
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Mike Haile**

Signature, typed or printed name of registered agent and title if applicable

*Michael Haile*

(NOTE: Registered Agent signature required when reinstating)

**10/16/06**

DATE

**FILE NOW!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$200.00**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HAILE, MIKE  
401 EAST DESOTO STREET  
PENSACOLA, FL 32501** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
**000080966870  
10/18/06--01055--020 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
**REINSTATEMENT 2006**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE  
*Michael Haile*

**10/16/06**