## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L05000073302 09 JAN -8 PH 1:53 HARDCO ALLIANCE LLC Principal Place of Business Mailing Address 15373 NORTHWEST 1ST STREET 15373 NORTHWEST 1ST STREET PEMBROKÉ PINES, FL 33028 PEMBROKE PINES, FL 33028 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 11132008 REIN-LLC CR2E101 (1/07) City & State City & State Applied For 4. FEI Number 04-3822059 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Spiegel & Utrera, PA SPIEGEL & UTRERA, P.A. Street Address (P.O. 1840 SW 22ND ST. 1840 Coral Way, 4th Floor 4TH FLOOR Miami, FL 33145 MIAMI, FL 33145 City 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. SIGNATURÉ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to **FILE NOW!!! FEE IS \$138.75** liability company did not receive the prior notice. After January 1, 2009, Fee will be \$277.50 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change Addition **200139533182** 01/06/09--01012--006 \*\*13 HALL, HECTOR M NAME NAME STREET ADDRESS 15373 NORTHWEST 1ST STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-ZIP MGR THEF ☐ Delete TITLE Addition Change HALL, RUTH M NAME NAME STREET ADDRESS 15373 NORTHWEST 1ST STREET STREET ADDRESS PEMBROKE PINES, FL 33028 CITY-ST-ZIP CITY-ST-7IP TITLE S ☐ Delete TITLE Change ☐ Addition HALL, RUTH M NAME NAME STREET ADDRESS 15373 NORTHWEST 1ST STREET STREET ADDRESS PEMBROKE PINES, FL. 33028 CITY-ST-ZIP CITY-ST-7(P TITLE Delete TITLE ☐ Change ☐ Addition NAME HALL, HECTOR M NAME STREET ADDRESS 15373 NORTHWEST 1ST STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition REINSTATEMENT NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

Daytime Phone \*

Date



## HardCo Alliance, LLC

15373 NW I\* Street Pembroke Fines , FL 33028

December 31, 2009

Florida Division of Corporations P O Box 6327 Tallahassee, FL 32314-6198

Dear Secretary Browning,

RE: Letter No. 808A00057084 DOCUMENT L05000073302

In response to your letter dated November 13th, 2008 a November payment of \$139.95 was made to Spiegel & Utrera prior to receiving your letter who is our Registered Agent. We await their response to you the Divisions of Corporations as well as to Hardco Alliance.

As noted in your letter we have enclosed a check for \$138.75 fee for our reinstatement.

We would like to resolve this matter as quickly as possible , so please advise f any additional documents or payments are required in order to return our proper status.

We await your reply.

Respectfully

Hector Hall, Pres.

Ruth Hall , VP

15373 NW 1st Street

Pembroke Pines, FI 33028

Phone: 954-432-2418 Fax: 954-432-2418

Email: Sc400hhall@aol.com