

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000082711**

1. Limited Liability Company's Name

HERNANGORDA LLC

FILED
10 JAN -8 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900162954399
11/19/09--01030--001 **100.00
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 2418 MACFARLAND DR.		3. Mailing Office Address 2418 MACFARLAND DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COCOA FL		City & State COCOA FL	
Zip 32922	Country USA	Zip 32922	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 8/23/2005	
6. FEI Number 20-3347240	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name HERNAN GARCIA		
Street Address (P.O. Box Number is Not Acceptable) 2418 MACFARLAND DR.		
Suite, Apt. #, Etc.		
City COCOA	State FL	Zip Code 32922

~~THE \$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.~~
900162954399
01/08/10--01035--001 **455.00

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 **mm** Date **11/16/2009**
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
MR	HERNAN GARCIA	2418 MACFARLAND DR.	COCOA, FL 32922
		S. HAWKES	
		JAN 8 2010	
REINSTATEMENT		EXAMINER	
2006-09		555.00	

11. E-mail Address: **hernangorda@mac.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 608.408, 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 **mm** Date **11/16/2009** Daytime Phone # **34-593-0906**

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2009

HERNANGORDA LLC
2418 MACFARLANDO DR
COCOA, FL 32922

SUBJECT: HERNANGORDA LLC
Ref. Number: L05000082711

We have received your document for HERNANGORDA LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2006 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$455.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 509A00036676