

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**

2009 DEC 24 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

105000087984

1. Limited Liability Company's Name

HOLLEIGHWOOD.COM LLC

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

839 MILLS ESTATE PLACE "SAME"

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Chuluota FL

City & State

Zip

Country

32766

US

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

9/2005

6. FEI Number TAX ID

200203380781

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

Patrice HickomBottom

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

839 MILLS ESTATE PL

Suite, Apt. #, Etc.

City

Chuluota FL

State

FL

Zip Code

32766

☒ 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.

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12/18/09--01044--017 \*\*100.00

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

Patrice HickomBottom

REGISTERED AGENT MUST SIGN

Date 12.17.09

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.	Patrice HickomBottom	839 Mills Estate PL	Chuluota, FL, 32766

REINSTATEMENT -07-09

11. E-mail Address:

leigh@holleighwood.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

Patrice HickomBottom

Date

12.17.09

Daytime Phone #

407.4088887

Typed or printed name of signing Managing Member/Manager

PATRICE HICKOMBOTTOM