

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

08 NOV 12 PM 2:23

DOCUMENT # L05000099902

1. Limited Liability Company's Name

HIGH BAR HORIZONS, LLC

200137739482
11/07/08--01029--009 **382.50

CR2E041 (10/08)

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

3020 N.E. 32ND AVENUE

Suite, Apt. #, etc.

UNIT 1114

City & State

FT LAUDERDALE

Zip

33308

Country

US

3. Mailing Office Address

3020 N.E. 32ND AVENUE

Suite, Apt. #, etc.

UNIT 1114

City & State

FT LAUDERDALE

Zip

33308

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida

10-06-05

6. FEI Number

22-3848206

☐ 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

THOMAS J. HOFBAUER

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

3020 N.E. 32ND AVENUE

Suite, Apt. #, Etc.

UNIT 1114

City

FT LAUDERDALE

State

FL

Zip Code

33308

☒ 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

Thomas J. Hofbauer
REGISTERED AGENT MUST SIGN

Date 11-04-08

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
MGMR	THOMAS J. HOFBAUER	3020 N.E. 32ND AVE., UNIT 1114	FT LAUDERDALE, FL 33308

REINSTATEMENT 2007-08

11. 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

Thomas J. Hofbauer

Date 11-4-08

Daytime Phone# (954) 632-5703

Typed or printed name of signing Managing Member/Manager

THOMAS J. HOFBAUER