


PLEASE READ ALL INSTRUCTIONS BEFORE COME

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90182 004 \*\*\*100.00

**LIMITED LIABILITY COMPANY**  
**2006 AR**

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

**DOCUMENT #** L05000107368

**1. Limited Liability Company's Name**

"H" Street, LLC

20045747

CR2E041 (8/05)

**2. Principal Office Address**  
 1904 Indian Rd W  
 Suite, Apt. #, etc.  
 City & State  
 WPB, FL  
 Zip  
 33406  
 Country  
 USA

**3. Mailing Office Address**  
 Suite, Apt. #, etc.  
 City & State  
 Same  
 Zip  
 Country

**4. State/Country of Formation**  
 FL / USA

**5. Date Organized or Qualified To Do Business in Florida**  
 11/2/06

**6. FEI Number**  
 20-3737624  
☐ 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  
 Tracie M. Cook / Ernesto Granda  
 Street Address (P.O. Box Number is Not Acceptable)  
 1904 Indian Road W.  
 Suite, Apt. #, Etc.  
 City  
 WPB, FL  
 State  
 FL  
 Zip Code  
 33406

**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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date 4/26/06

**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	Tracie M. Cook	1904 Indian Rd W	WPB, FL 33406
MGR	Ernesto Granda	2658 Flamango Lake Dr.	WPB, FL 33406

**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

*[Signature]*  
 Ernest M. Cook

Date 4/26/06

Daytime Phone (561) 385 9565

Typed or printed name of signing Managing Member/Manager

Ernesto Granda / Tracie M. Cook