

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 MAR -2 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000107815

1. Entity Name
HINTON BAKER L.L.C.

Principal Place of Business
1946 PORTLAND AVE.
TALLAHASSEE, FL 32303

Mailing Address
1946 PORTLAND AVE.
TALLAHASSEE, FL 32303

Ob

BK



2. Principal Place of Business - No P.O. Box #
2614-C OLD BAINBRIDGE RD

3. Mailing Address
2614-C OLD BAINBRIDGE RD

Suite, Apt. #, etc.
Apt. - C

Suite, Apt. #, etc.
Apt. C

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

Zip
32303

Country
LEON

Zip
32303

Country
LEON

01162007 REIN-LLC CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, HINTON
1946 PORTLAND AVE.
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
Hinton BAKER
Street Address (P.O., Box Number is Not Acceptable)
2614-C OLD BAINBRIDGE RD
TALLAHASSEE FL
City
FL Zip Code
32303

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.

SIGNATURE

Hinton Baker

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-07

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAKER, HINTON
1946 PORTLAND AVE.
TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Hinton BAKER
2614-C OLD BAINBRIDGE RD
TALLAHASSEE FL 32303 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300091557603
03/07/07--01035--003 **100.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

REINSTATEMENT 2006-2007

11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Hinton Baker

3-2-07

850-322-3776

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

Date

Daytime Phone #