


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 NOV 17 PM 1:15  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100138186451  
11/21/08--01049--003 \*\*138.75  
CR2E041 (10/08)

**DOCUMENT # L06000001684**

1. Limited Liability Company's Name  
**BISCAYNE MOONSHINE, LLC**

2. Principal Office Address - No P.O. Box # 7326 BISCAYNE BLVD.		3. Mailing Office Address 1225 NE 162 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State N. MIAMI BEACH, FLORIDA	
Zip 33138	Country MIAMI-DADE	Zip 33162	Country MIAMI-DADE

4. State/Country of Formation FLORIDA / MIAMI-DADE	
5. Date Organized or Qualified To Do Business in Florida 01/05/2006	
6. FEI Number 26-3488022	Applied For Not Applicable
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  
**HIDER, THOMAS L**

Street Address (P.O. Box Number is Not Acceptable)  
7326 BISCAYNE BLVD.

Suite, Apt. #, Etc.

City  
MIAMI

State  
**FL**

Zip Code  
33138

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.

100138186451  
11/21/08--01049--004 \*\*50.00

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 *Thomas L Hider* REGISTERED AGENT MUST SIGN Date 11/10/08

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
MGR	HIDER, THOMAS L	7326 BISCAYNE BLVD.	MIAMI, FL 33138
MGR	HIDER, JOCELYNE D	7326 BISCAYNE BLVD.	MIAMI, FL 33138
			100138186451 11/21/08--01049--005 **88.75
			<b>REINSTATEMENT 2007-2008</b>

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 L Hider* Date 11/10/08 Daytime Phone # 305-282-5858

Typed or printed name of signing Managing Member/Manager THOMAS L HIDER