
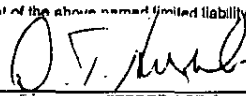
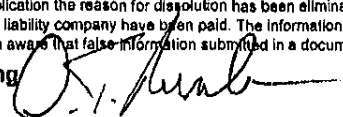


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000002914			
1. Limited Liability Company's Name <b>H &amp; H, LLC</b>			
2. Principal Office Address - No P.O. Box # <b>1753 Osprey Cove</b>		3. Mailing Office Address <b>1753 Osprey Cove</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Niceville, FL</b>		City & State <b>Niceville, FL</b>	
Zip <b>32578</b>	Country <b>USA</b>	Zip <b>32578</b>	Country <b>USA</b>
4. State/Country of Formation <b>Florida</b>			
5. Date Organized or Qualified To Do Business in Florida <b>January 9, 2006</b>			
6. FEI Number <b>20-4084223</b>		Applied For <input type="checkbox"/> 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 <b>D. Timothy Herndon</b>		E-mail Address: <b>400235308234</b> <b>05/21/12--01002--003 **541.25</b> <b>rrichey@cricpa.com</b> (To be used for future annual report notices)	
Street Address (P.O. Box Number is Not Acceptable) <b>4502 Highway 20 East</b>			
Suite, Apt. #, Etc. <b>A</b>			
City <b>Niceville</b>	State <b>FL</b>	Zip Code <b>32578</b>	
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  Date _____ REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LLJM, LLC	1753 Osprey Cove	Niceville, FL 32578
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager  Date <b>5/15/12</b> Daytime Phone # <b>850.897.4333</b> Typed or printed name of signing Managing Member/Manager <b>D. Timothy Herndon</b>			