

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 13 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L06000012303

1. Limited Liability Company's Name

M & H Investments, LLC

CR2E041 (10/08)

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

9100 Baytowne Wharf Blvd

Suite, Apt. #, etc.

Unit 562

City & State

Destin, Florida

Zip

32550

Country

USA

3. Mailing Office Address

9100 Baytowne Wharf Blvd

Suite, Apt. #, etc.

Unit 562

City & State

Destin, Florida

Zip

32550

Country

USA

4. State/Country of Formation  
FL/USA

5. Date Organized or Qualified  
To Do Business in Florida 1/27/2006

6. FEI Number  
20-4276180

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

Billy Haskins

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

9100 Baytowne Wharf Blvd

Suite, Apt. #, Etc.

Unit 562

City

Destin

State

FL

Zip Code

32550

☐ 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

REGISTERED AGENT MUST SIGN

Date 10/24/08

**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	Billy Haskins	9100 Baytowne Wharf Blvd, Unit 562	Destin, Florida 32550

900137326169  
10/24/08--01058--004 \*\*382.50

REINSTATEMENT 07.08

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

Date 10/24/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Billy Haskins