

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000037424	
1. Entity Name HERNANDEZ & HERNANDEZ LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -4 AM 11:52

Principal Place of Business 2196 HWY 90 N STE 101 LAKE CITY, FL 32025	Mailing Address P.O. BOX 1450 LAKE CITY, FL 32056
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10172007 REIN-LLC CR2E101 (1/07)

City & State	City & State
Zip	Country

4. FEI Number	Applied For Not Applicable
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6. Name and Address of Current Registered Agent CUENCA, CARMEN 101 NW 75TH ST STE 2 GAINESVILLE, FL 32607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, CRISTINO 2196 HWY 90 N STE 101 LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300112717383 11/30/07--01017--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM HERNANDEZ, HIDALIA 2196 HWY 90 N STE 101 LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

REINSTATEMENT 2007