

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAR 30 PM 3:37

DOCUMENT # L06000050282

1. Limited Liability Company's Name

MIHABI, LLC

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2. Principal Office Address - No P.O. Box #
2235 E. 15th Street

Suite, Apt. #, etc.

City & State
Panama City, Florida

Zip Country
32405 USA

3. Mailing Office Address
2235 E. 15th Street

Suite, Apt. #, etc.

City & State
Panama City, Florida

Zip Country
32405 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 05/08/2006

6. FEI Number
20-2286857

☐ 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
William J. Dalton

Street Address (P.O. Box Number is Not Acceptable)
6613 Cherry Street

Suite, Apt. #, Etc.

City State Zip Code
Panama City FL 32404

E-mail Address:

vickieb24@hotmail.com

(To be used for future annual report notices)

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

William J. Dalton

Date _____

REGISTERED AGENT MUST SIGN

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
MGMR	William J. Dalton	6613 Cherry Street	Panama City, Florida 32404
MGMR	Vickie G. Broadway	206 N. Hwy 22-A	Panama City, Florida 32404

REINSTATEMENT 2008-2012

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

William J. Dalton

Date 03/27/2012

Daytime Phone # (850) 872-7472

Typed or printed name of signing Managing Member/Manager William J. Dalton