

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
08 NOV -4 PM 12:56

DOCUMENT # L06000093008

1. Limited Liability Company's Name

HLD, LLC

CR2E041 (10/08)

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

1255 Belle Ave

Suite, Apt. #, etc.

Suite 167

City & State

Winter Springs, FL

Zip

32708

Country

USA

3. Mailing Office Address

1255 Belle Ave

Suite, Apt. #, etc.

Suite 167

City & State

Winter Springs, FL

Zip

32708

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

September 22, 2006

6. FEI Number

20-5643919

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

Jeffry A. Thomas

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

1255 Belle Ave

Suite, Apt. #, Etc.

Suite 167

City

Winter Springs

State

FL

Zip Code

32708

☒ 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

10/28/08

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
MGRM	Marlon Hightower	1255 Belle Ave, Suite 167	Winter Springs, FL 32708
MGRM	Joshua Allen	1255 Belle Ave, Suite 167	Winter Springs, FL 32708
MGRM	Jeffry A. Thomas	1255 Belle Ave, Suite 167	Winter Springs, FL 32708
MGRM	Eric B. Johnson	1255 Belle Ave, Suite 167	Winter Springs, FL 32708
300137526283 10/31/08--01023--005 **277.50			
REINSTATEMENT 2007-08			

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

10/28/08

Daytime Phone #

407-595-4548

Typed or printed name of signing Managing Member/Manager

Jeffry A. Thomas