

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2010 MAR 23 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300168751943  
02/15/10--01027--006 \*\*277.50

CR2E041 (11/09)

DOCUMENT # L07000053543

1. Limited Liability Company's Name

T. HACKNEY ENTERPRISES, LLC

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

5/12/2007

6. FEI Number

26-0332648

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

300168751943  
03/23/10--01011--021 \*\*138.75

8. Name and Address of Current Registered Agent

Name

RICHARD W. HACKNEY, CPA

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

410 43RD ST. W.

Suite, Apt. #, Etc.

SUITE A

City

BRADENTON

State

FL

Zip Code

34209

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

*[Signature]* CPA

REGISTERED AGENT MUST SIGN

Date

2/4/10

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-M	TREK R. HACKNEY	5607 FLOTILLA DR.	HOLMES BEACH, FL 34217

11. E-mail Address: RIC517@AOL.COM

(To be used for future annual report notifications)

12. 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

*[Signature]*

Date

2/6/10

Daytime Phone #

352-284-4624

Typed or printed name of signing Managing Member/Manager

TREK R. HACKNEY