

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L07000054515

1. Entity Name  
HE ENTERPRISES OF FLORIDA, LLC



2008 DEC 15 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5915 WINDWOOD DRIVE  
LAKELAND, FL 33813 US

Mailing Address  
5915 WINDWOOD DRIVE  
LAKELAND, FL 33813 US

2. Principal Place of Business - No P.O. Box #  
83 SHADOW LANE

3. Mailing Address  
83 SHADOW LANE



Suite, Apt. #, etc.

Suite, Apt. #, etc.

11172008 REIN-LLC CR2E101 (1/07)

City & State  
LAKELAND, FL

City & State  
LAKELAND, FL

4. FEI Number  
26-0441248

Applied For  
Not Applicable

Zip  
33813

Country  
USA

Zip  
33813

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGDAHL, HOLLY  
5915 WINDWOOD DRIVE  
LAKELAND, FL FL

Name  
Heather Reitzel

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

83 Shadow Lane

City  
Lakeland

FL

Zip Code  
33813

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 HEATHER Reitzel

11/18/2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75  
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ENGDAHL, HOLLY  
5915 WINDWOOD  
LAKELAND, FL 33813 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Registered Agent/Manager ☒ Change ☐ Addition  
HEATHER Reitzel  
83 SHADOW LANE, LAKELAND, FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
580138139235  
11/20/08--01045--005 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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.

SIGNATURE: HEATHER Reitzel

11/18/2008

863-670-0472  
863-644-3833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #