## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  DOCUMENT # L 070000 72459  1. Limited Liability Company's Name				FILED  14 HAR 24 AM 9: 23  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Hipes Consulting & Brokerage,    2. Principal Office Address - No P.O. Box # 1266 Burgundy Court  Suite, Apt. #, etc.  City & State Oviedo, FI		3. Mailing Office Address 1266 Burgundy Court Suite, Apt. #. etc. City & State Oviedo, FI		CR2E041 (1/14)  4. State/Country of Formation Florida  5. Date Organized or Qualified To Do Business in Florida 7-12-2007  6. FEI Number 26-0515864  Not Applicable		
32766	United States	<sup>Zip</sup> 32766	Country United States	7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status		
Name Kevin Hipes Street Address (P.O. Box Number is Not Acceptable) 1266 Burgundy Court Suite, Apt. #. Etc.  City Oviedo  9. I. being appointed the registered agent of the above named limited liability company, am familiar with a Signature of			· · · · · · · · · · · · · · · · · · ·			
Registered Agent				Date 3-18-2014		
10. Names and Street Addresses of Authorized Representatives/Managers  Titles Name of Street Address of Eac				ch I		
AR	Authorized Representatives/ Managers  Kevin Hipes		Authorized Representative/ Manager  1266 Burgundy Court		Oviedo/FL/32766	
REINSTATEMENT  MAR 24 1014  R. HUNT						
11, E-mail Address: khipes@twdre.com (Le-tre Usep/or future annual report notifications)						
12. I certify that I am an authorized representative/manager or the receiver of 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 discourted has been eliminated, they finited inability company name satisfies the requirements of section 605.0012. F.S., and that all fees owed by the limited inability 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 to the Department. State constitutes a third degree felony as provided in s. 817.155, F.S.  Signature of  Authorized Representative/Manager  Typed or printed name of signing Authorized Representative/Manager  Kevin Hipes						