

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

09 OCT -9 PM 1:48

DOCUMENT # L07000078266

1. Limited Liability Company's Name

Wade Hatcher Landscape Development, LLC

900161547359

10/09/09--01043--001
CR2ED41 (10/09) **277.50

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

11200 Gulf Beach Highway

Suite, Apt. #, etc.

3. Mailing Office Address

11200 Gulf Beach Highway

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32507

Country

USA

Zip

32507

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 07/31/07

6. FEI Number

59-3526696

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

Wade D. Hatcher

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

11200 Gulf Beach Highway

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

☒ 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

Wade D. Hatcher
REGISTERED AGENT MUST SIGN

Date 10/05/09

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	Wade D. Hatcher	11200 Gulf Beach Highway	Pensacola, FL 32507
MGR	Ashley E. Hatcher	11200 Gulf Beach Highway	Pensacola, FL 32507

REINSTATEMENT
w/o/p 08-09

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

Wade D. Hatcher

Date 10/05/09

Daytime Phone # 850-292-3696

Typed or printed name of signing Managing Member/Manager **Wade D. Hatcher**