

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

10 MAR 26 PM 2:02

DOCUMENT # L 070000 87600

1. Limited Liability Company's Name

Kings Hwy HSH, LLC

900173211359
03/26/10--01014--003 **416.25
CR2E041 (11/09)

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

1500 San Remo Ave

3. Mailing Office Address

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

City & State

coral Gables FL

City & State

Zip

33146

Country

DADE

Zip

Country

4. State/Country of Formation

Florida / DADE

5. Date Organized or Qualified
To Do Business in Florida

8/27/2007

6. FEI Number

26-2206521

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

HAMID SHANTIAI

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

1500 SAN REMO AVE.

Suite, Apt. #, Etc.

110

City

coral Gables

State

FL

Zip Code

33146

☒ 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

HAMID SHANTIAI

REGISTERED AGENT MUST SIGN

Date 3/12/2010

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	HAMID SHANTIAI	1500 San Remo #110	coral Gables FL 33146
	REINSTATEMENT	2008-2010	

11. E-mail Address: hamid@shantiai.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

HAMID SHANTIAI

Date

3/12/10

Daytime Phone #

305-801-5345

Typed or printed name of signing Managing Member/Manager

T. Hampton MAR 29 2010