

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 17 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 07000088369

1. Limited Liability Company's Name

HEAVDELL LLC

CR2E041 (11/09)

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

3620 NE 16 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3620 NE 16 AVE

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

Country

33064

Zip

Country

33064

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/28/07

6. FEI Number

26-0811065

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

WARUNEE THITISUPODOM

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

3620 NE 16 AVE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

☒ 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

REGISTERED AGENT MUST SIGN

Date

2/10/10

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
MEM	WARUNEE THITISUPODOM	3620 NE 16 AVE	POMPANO BEACH, FL 33064

REINSTATEMENT S. HAWKES

600163142066
02/16/10--01053--016 ***16.25

2008-10

FEB 17 2010

EXAMINER

11. E-mail Address:

(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

Date

2/10/10

Daytime Phone #

954 5613000

Typed or printed name of signing Managing Member/Manager