

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000116011**

1. Limited Liability Company's Name

Ho Lee Me, LLC
d/b/a Tropical Smoothie Café

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

5072 Annunciation Circle

Suite, Apt. #, etc.

101

City & State

Ave Maria, FL

Zip

34142

Country

U.S.A.

3. Mailing Office Address

5072 Annunciation Circle

Suite, Apt. #, etc.

101

City & State

Ave Maria, FL

Zip

34142

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name **Cardillo, Keith & Bonaquist, P.A.**

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

3550 Tamiami Trail East

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34112

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5-1-10**

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
MGRM	Phong Ho	5209 Milano St.	Ave Maria, FL 34142
MGRM	Mel Cron	5209 Milano St	Ave Maria, FL 34142
MGRM	Lieu Nguyen	5209 Milano St	Ave Maria, FL 34142

REINSTATEMENT

08-10

AL 6-1-10

11. E-mail Address: **phonger13@gmail.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

[Signature]

Date **4-29-10**

Daytime Phone # **239-867-4492**

Typed or printed name of signing Managing Member/Manager

FILED

2010 MAY 28 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000180495930

05/06/10--01018--026 **5.00

000180495930

05/06/10--01018--025 **138.75

CR2E041 (11/09)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

November 16, 2007

6. FEI Number

26-1933241

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

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06/01/10--01002--010 **277.50