

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 26 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000120633

1. Limited Liability Company's Name

HA WORLDWIDE LLC

W10-914

100165134091

01/07/10--01038--006 **416.25
CR2E041 (11/09)

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

3200 GULFWINDS CIRCLE

Suite, Apt. #, etc

3. Mailing Office Address

3200 GULFWINDS CIRCLE

Suite, Apt. #, etc

City & State

HERNANDO BEACH

Zip

34607

Country

USA

City & State

FL 34607

Zip

FL

Country

34607

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/17/2007

6. FEI Number

26-1584280

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

ANTHONY P. McBEAUGH

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

3200 GULFWINDS CIRCLE

Suite, Apt. #, Etc

City

HERNANDO BEACH

State

FL

Zip Code

34607

☒ 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

Anthony P. McBeaugh

REGISTERED AGENT MUST SIGN

Date

1/4/2010

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	Hugo D. Aviles	3200 Gulfwinds Circle	Hernando Beach, FL 34607
MGRM	Anthony P. McBeaugh	3200 Gulfwinds Circle	Hernando Beach, FL 34607
	L. SELLERS		
	JAN 27 2010		
	EXAMINER	REINSTATEMENT	08-2010

11. E-mail Address:

ANTHONY@HAWORLDWIDE.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

Anthony P. McBeaugh

Date

1/4/2010

Daytime Phone #

352-5563638

Typed or printed name of signing Managing Member/Manager

Anthony P. McBeaugh