

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN 19 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600166069016

01/13/10--01036--006 **416.25
CR2E041 (11/09)

DOCUMENT # **L07000122303**

1. Limited Liability Company's Name
Haile Ventures, LLC

2. Principal Office Address - No P.O. Box #
3760 NW 83rd St.,

Suite, Apt. #, etc.
Suite 1

City & State
Gainesville, FL 32606

Zip
32606

Country
US

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation
Florida.- US

5. Date Organized or Qualified
To Do Business in Florida
12/7/07

6. FEI Number
26-1588032

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
Andrew Hodor

Street Address (P.O. Box Number is Not Acceptable)
3760 NW 83rd St.

Suite, Apt. #, Etc.
Suite 1

City
Gainesville

State Zip Code
FL 32606

☒ 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 **1-7-2010**

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
MGR:	Andrew Hodor	3760 NW 83rd S., Ste 1	Gainesville, FL 32606
MBR	Howard Hodor	3760 NW 83rd St., Ste 1	Gainesville, FL 32606
MBR	James M. Parrish Jr.	3870 NW 83rd St.	Gainesville, FL 32606

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11. E-mail Address: **andrea@hodorcompany.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

Date **1-7-2010**

Daytime Phone # **352-336-3996**

Typed or printed name of signing Managing Member/Manager

Andrew Hodor