

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08102

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 19 AM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000013516

1. Limited Liability Company's Name

Hungry Hippo, LLC

300254033763
11/19/13--01021--002 **793.75

CR2E041 (1/11)

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

501 Goodlette Rd

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

100A

Suite, Apt. #, etc.

City & State

Naples

City & State

Zip

34102

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Cesar De Leon

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

501 Goodlette Rd

Suite, Apt. #, Etc.

100 A

City

Naples

State

FL

Zip Code

34102

E-mail Address:

REINSTATEMENT

crdeleon99@gmail.com

(To be used for future annual report notices)

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

C. De Leon

Date

11/15/13

REGISTERED AGENT MUST SIGN

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
	<u>Cesar De Leon</u>	<u>501 Goodlette Rd 100 A</u>	<u>Naples, FL 34102</u>

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

C. De Leon

Date

11/15/13

Daytime Phone

(239) 430-2520

Typed or printed name of signing Managing Member/Manager

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Please release The name of LLC:

Hungry Hippo
from prior open corporation

L13000133003

as it was opened by mistake.

Please reinstate THE PRIORLY CLOSED

LLC L08000013516

and accept penalty of \$793.75.

Thank you.

Cesar De Leon
(239) 207-7334

STATEMENT_____

REINSTATEMENT_____

NOV 19 2013

G. CARROTHERS