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From:
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Account Number : I20000000195
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LIMITED LIABILITY REINSTATEMENT
HAGAN GRAPHIC ASSETS, LLC

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000051935

1. Limited Liability Company's Name
HAGAN GRAPHIC ASSETS, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10220 Heritage Bay Blvd	
Suite, Apt. #, etc.: #311	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34120 / Country	Zip / Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 05/27/2008
6. FEI Number: 26-2674960 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

☐ 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: Carina L. Dunlap Asst. Vice President Date: 05-26-10
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
MGR	John Hagan	10220 Heritage Bay Blvd #311	Naples, FL 34120
		REINSTATEMENT 9-10	

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.

Signature of Managing Member/Manager: John Hagan Date: 5/25/10 Daytime Phone #: 9199065455

Typed or printed name of signing Managing Member/Manager: John Hagan