

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 30, 2009  
Secretary of State**

DOCUMENT# L08000086013

Entity Name: HOOFIN LLC

**Current Principal Place of Business:**

35 HYPOLITE STREET  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

35 HYPOLITA STREET  
201  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

35 HYPOLITE STREET  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

35 HYPOLITA STREET  
SAINT AUGUSTINE, FL 32084

FEI Number: 26-3337594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

NIELSEN, KELLEY L MGR  
35 HYPOLITA STREET  
201  
ST. AUGUSTINE, FL 32084 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KELLEY L NIELSEN

10/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: NIELSEN, KELLEY L  
Address: 35 HYPOLITA STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR ( ) Change (X) Addition  
Name: WADE, ANDREW  
Address: 35 HYPOLITA STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KELLEY L NIELSEN

MGR

10/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date