

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 OCT -6 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000109428

1. Limited Liability Company's Name

1545 Hand Avenue, LLC

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

709 N. Clyde Morris Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

709 N. Clyde Morris Blvd.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32114

Country

Volusia

Zip

32114

Country

Volusia

8. Name and Address of Current Registered Agent

Name

P & D Management, LLC

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

1655 N. Clyde Morris Blvd., Ste. 1

Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32117

CR2E041 (1/14)

4. State/Country of Formation

Florida, Volusia

5. Date Organized or Qualified
To Do Business in Florida

11/25/2008*

6. FEI Number

59-1641576

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

OCT - 7 2015

L. SELLERS

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date

08/1, 2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Michael D. Kohen	709 N. Clyde Morris Blvd.	Daytona Beach, FL 32114

REINSTATEMENT 2013-
2015

11. E-mail Address: DRK 84 74 84 at AOL . Com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

[Signature]

Date

10/1/15

Daytime Phone #

386-672-8842

Typed or printed name of signing authorized representative/member

Michael D. Kohen