

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUL 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # **L09000011545**

1. Limited Liability Company's Name

Hillow, LLC

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

5441 Osprey Isle Lane

Suite, Apt. #, etc.

3. Mailing Office Address

5441 Osprey Isle Lane

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/04/2009

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

Regis Hillow

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

5441 Osprey Isle Lane

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

E-mail Address:

RH@Hillow.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

REGISTERED AGENT MUST SIGN

200210492572
07/28/11--01033--005 *377.50**
Date

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	Regis Hillow	5441 Osprey Isle Lane	Orlando, FL 32819
"	MARY FRAM HILLOW	5441 Osprey Isle	Orlando FL 32819

REINSTATEMENT

10-11
JH

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

Date

5-27-11

Daytime Phone #

407-921-7171

Typed or printed name of signing Managing Member/Manager