PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 OCT 25 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000107481

1. Limited Liability Company's Name

HAYDEN GARRETT PROPERTIES, LLC

L11-140861 Name released

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4777 ROUND LAKE RD	4777 ROUND LAKE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL	City & State: APOPKA, FL
Zip: 32712 Country: ORANGE	Zip: 32712 Country: ORANGE

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/05/2009

6. FEI Number: 27-1251518 ☐ 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: ALYSSA H. FOWLER

Street Address (P.O. Box Number is Not Acceptable): 4777 ROUND LAKE RD

Suite, Apt. #, Etc.

City: APOPKA State: FL Zip Code: 32712

E-mail Address:

000213587100 317.60
10/7/11 01062011
(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 Alyssa Fowler Date 10/11/11
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
MGRM	ALYSSA H. FOWLER	4777 ROUND LAKE RD	APOPKA, FL 32712
MGRM	JESSE C. FOWLER	4777 ROUND LAKE RD	APOPKA, FL 32712
MGRM	LESLIE V. HERBERT	4777 ROUND LAKE RD	APOPKA, FL 32712
MGRM	NANCY R. HERBERT	4777 ROUND LAKE RD	APOPKA, FL 32712

L. SELLERS
OCT 26 2011
REINSTATEMENT 10-11
EXAMINER

I hereby certify that I am a 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 608.408, 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 Alyssa Fowler Date 10/11/11 Daytime Phone # 407-385-9316

Typed or printed name of signing Managing Member/Manager Alyssa Fowler

OLSON INSURANCE AGENCY, INC.
545 NORTH UMATILLA BLVD.
UMATILLA, FL 32784
PHONE 352-669-4547
FAX 352-669-4421

FAX TRANSMISSION

DATE: 10/24/11

TO:

FAX # 850-245-6030

FROM: Amanda Garing

RE: Hayden Garrett Properties, LLC

2 **PAGES *INCLUDING* THIS ONE**

COMMENTS:

Release name of L11-160861

No intent on making active