

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2011 SEP 26 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L10000000237

1. Limited Liability Company's Name

H & STL LLC.

700212520137  
09/26/11--01003--023 \*\*238.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 8570 Margu's St. Suite, Apt. #, etc.		3. Mailing Office Address 8570 Margu's St. Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32309	Country Leon	Zip 32309	Country Leon

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 1/01/10	
6. FEI Number 311635858	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED L 35.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Shawn Henry		
Street Address (P.O. Box Number is Not Acceptable) 8570 Margu's St.		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32309

E-mail Address: HSTW900L@Yahoo.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 Shawn Henry Date \_\_\_\_\_  
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
MAN	Shawn Henry	8570 Margu's St.	Tallahassee, FL 32309
MAN	Carol R Henry	8570 Margu's St.	Tallahassee, FL 32309

J. SAULSBERRY  
EXAMINER

SEP 26 - 2011

REINSTATEMENT  
2011

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 Shawn Henry / Carol Henry Date \_\_\_\_\_ Daytime Phone # 850 445 7182

Typed or printed name of signing Managing Member/Manager Shawn Henry / Carol Henry