

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUL 25 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000081609

1. Limited Liability Company's Name

Brenda Hicks Realty, LLC

CR2E041 (1/11)

11-12

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

68 Bay Pine Dr

3. Mailing Office Address

68 Bay Pine Dr

City & State

Crawfordville, FL

City & State

Crawfordville, FL

Zip

32327

Country

USA

Zip

32327

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8/4/2010

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

Hicks, Brenda

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

68 Bay Pine Dr

Suite, Apt. #, Etc

City

Crawfordville

State

FL

Zip Code

32327

E-mail Address:

500237843535
07/26/12--01001--017 **377.50

brendashicks@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

Brenda Hicks

Date

7/25/12

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
MEM	Hicks, Brenda	68 Bay Pine Dr	Crawfordville, FL 32327
	B. BOSTICK		
	JUL 25 2012		
	EXAMINER		

REINSTATEMENT

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

Brenda Hicks

Date

7/25/12

Daytime Phone #

Typed or printed name of signing Managing Member/Manager