

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

L11000020367

1. Limited Liability Company's Name

Haldana Investments LLC

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

771 W River Oak Dr

Suite, Apt. #, etc.

3. Mailing Office Address

771 W River Oak Dr

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

Zip

32174

Country

VOLUSIA

Zip

32174

Country

VOLUSIA

4. State/Country of Formation

Florida/Volusia

5. Date Organized or Qualified  
To Do Business in Florida

Feb 16 2011

Feb/FEB

6. FEI Number

27-5044134

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

Philip Green

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

771 W River Oak Dr

Suite, Apt. #, Etc.

City

Ormond BeachP

State

FL

Zip Code

32174

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.

and false information submitted to the Department of State

Signature of  
Registered /

*[Signature]*

Philip Green

NT MUST SIGN

Date

5/15/14

**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
Mrg	Philip Green	771 W River Oak Dr	Ormond Beach FL 32174

REINSTATEMENT

2012-2014

11. E-mail Address: ormondphil1@gmail.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*[Signature]*

Date

5/15/14

Daytime Phone #

386 677 4811

Typed or printed name of signing Authorized Representative/Manager Philip Green