

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 Dec 5 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000140236

1. Limited Liability Company's Name

J&J HATT

CR2E041 (1/14)

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

3. Mailing Office Address

2637 ACAPULCO DRIVE

2637 ACAPULCO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR, FLORIDA

MIRAMAR, FLORIDA

Zip

Country

Zip

Country

33023 U.S.A.

33023 U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

10/3/13

6. FEI Number

47-2380782

☐ 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

Cecil A. Gill

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

2637 ACAPULCO DRIVE

Suite, Apt. #, Etc.

City

State

Zip Code

MIRAMAR FL

33023

900267628089

12/05/14--01023--009 **125.00

900267628089

12/19/14--01023--007 **113.75

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.

Signature of
Registered Agent

Cecil A. Gill

Date **12/16/14**

REGISTERED AGENT MUST SIGN

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
AR	Cecil A. Gill	2637 ACAPULCO DRIVE	MIRAMAR, FL, 33023
AR	MELINDA L. GILL	2637 ACAPULCO DRIVE	MIRAMAR, FL, 33023
			S. HAWKES
REINSTATEMENT 2014			JAN 29 A.M.
			EXAMINER

11. E-mail Address: **JJHATT@JJHATT14@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

Cecil A. Gill

Date **12/16/14**

Daytime Phone # **1-754-217-0393**

Typed or printed name of signing Authorized Representative/Manager **Cecil A. Gill**