

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L14000123604**

1. Limited Liability Company's Name

HOAKS HOME SOLUTIONS LLC

**500277441055**  
09/25/15--01024--003 \*\*238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>518 VIVIAN DRIVE</b>		3. Mailing Office Address <b>518 VIVIAN DRIVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>COCOA, FL</b>		City & State <b>COCOA, FL</b>	
Zip <b>32926</b>	Country <b>US</b>	Zip <b>32926</b>	Country <b>US</b>

4. State/Country of Formation <b>FLORIDA / US</b>	
5. Date Organized or Qualified To Do Business in Florida <b>8-06-2014</b>	
6. FEI Number <b>47-1571779</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent		
Name <b>MICHAEL S. HOAK</b>		
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>518 VIVIAN DRIVE</b>		
Apt. #, Etc.		
City <b>COCOA, FL</b>	State <b>FL</b>	Zip Code <b>32926</b>

15 SEP 25 AM 9:10  
S. HAWKES  
EXAMINER

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

REGISTERED AGENT MUST SIGN

Date **SEPTEMBER 26, 2015**

**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
MM	MICHAEL S. HOAK	518 VIVIAN DRIVE	COCOA, FL 32926
<b>REINSTATEMENT</b>			<b>S. HAWKES</b>
			<b>SEP 26</b>
			<b>EXAMINER</b>

11. E-mail Address

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date **9-26-2015**

Daytime Phone # **321-432-2767**

Typed or printed name of signing authorized representative/member