
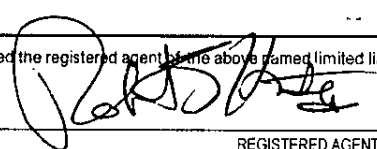
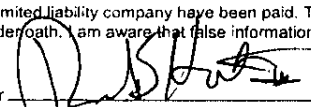


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L15000069620			
1. Limited Liability Company's Name Rob Hart III Properties LLC			
2. Principal Office Address - No P.O. Box # 9630 Jasmine Brook Circle		3. Mailing Office Address 9630 Jasmine Brook Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Land O Lakes, Florida		City & State Land O Lakes, Florida	
Zip 34638	Country US	Zip 34638	Country US
8. Name and Address of Current Registered Agent			
Name Robert S Hart III			
Street Address (P.O. Box Number is Not Acceptable) Suite, 9630 Jasmine Brook Circle			
Apt. #, Etc.			
City Land O Lakes		State FL	Zip Code 34638
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 		Date 11/7/2016	
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	Robert S Hart III	9630 Jasmine Brook Circle	Land O Lakes, FL 34638
REINSTATEMENT		S. HAWKES	
2016		11/7/2016	
		EXAMINER	
11. E-mail Address robhart3@aol.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 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 11/7/2016 Daytime Phone # 813-390-5229	
Typed or printed name of signing authorized representative/member Robert S Hart III			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 4/21/2015

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

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