## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

## LIMITED LIABILITY **COMPANY** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

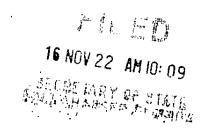
Secretary of State

DIVISION OF CORPORATIONS

1. Limited Liability Company's Name

Signature of authorized representative/member.

Michael Hadaway LLC



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						1 1 1 1 1	•	**	
2. Principa	al Office Addre	ess - No P.O. Box#	3. Mailing Office Address			CR2E041 (1/14)			
127 10 th AV. South			· · · · · · · · · · · · · · · · · · ·			4. State/Country of Formation  Florida 1 Daval			
Suite, Apt #, etc.			Suite, Apt. #. etc.			5. Date Organized or Qualified To Do Business in Florida 6/24/15			
City & State			City & State			6. FEI Number Applied For			
Jackonville Beach, FL			Jacksonville, FL-  Zip 32236- Country 7484 DUVal			47-5037653 Not Applicable			
322	250	Duva 1	32236-	DUVa	/	7. CERTIFICATE O	F STATUS DESIRED	quired us	
		8. Name and Address	of Current Registered Ag	ent				- 1	
Name Michael Hadaway						900292600819 11/22/1601014027 **238.75			
Street Address (P.O. Box Number is Not Acceptable) Suite, 12710 His Avenue South									
Apt. #, Etc.									
City	acke	sonville		State Zip Code FL 32.250			900292600819 11/22/1601014028 **5.00		
		he registered agent of the abo	ve named limited liability cor	/ ~ /	with and acc	ent the obligation	ns of Chapter 605, F.S.		
Signature		110:10 -	1/ / -						
Registere		V/mul a	TAXAWW.	1 (50	18/1	Nember)	Date 11/15/16	j	
10 N			7						
	es and Street A	ddresses of Authorized Representation of	antatives/ Managers	Street Address of Each			City / Chata / Zin		
Titles		Authorized Representatives/ Managers		Authorized Representative/ Manager		v <del>e</del> /	City / State / Zip		
	HADA	NAY, MICHAEL S							
	1	TH AVE S							
	JACKSONVILLE BEACH, FL 3		2250			S HAMAZEO			
						S. HAWKES			
	PENSTATEMENT					NOV 2 3 A.M.			
							EXAMINER		
		110							
		<u> </u>							
11. E- ma	II Address	mykhada		Mail, d d for future annual rep					
12. I certi	ify that I am a	n authorized representative/ n	nanager or the receiver or t	rustee empowered	to execute	this application	as provided for in Chapter 605, F.S. I further	41	
605.0012	, F.S., and the	at all fees owed by the limited	liability company have bee	n paid. The inform	ation indica	ated on this appli	iny name satisfies the requirement of section cation is true and accurate, and my signature		
		gal effect as if made under da n s. 817.155, F.S.	1/1 /	1	/1		artment of State constitutes a third degree	. '	
Signature	of authorized	representative/member	///nhl	HAV.	avr	m	Daytime Phone #		