

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L15000109666

1. Limited Liability Company's Name

Michael Hadaway LLC

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

127 10th Av. South

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

Duval

3. Mailing Office Address

P.O. Box 37484

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32236-7484

Country

Duval

8. Name and Address of Current Registered Agent

Name

Michael Hadaway

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

127 10th Avenue South

Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32250

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

Michael Hadaway (Sole Member)

Date 11/15/16

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
	<u>HADAWAY, MICHAEL S</u>		
	<u>127 10TH AVE S</u>		
	<u>JACKSONVILLE BEACH, FL 32250</u>		
			<b>S. HAWKES</b>
			<b>NOV 23 A.M.</b>
			<b>EXAMINER</b>
	<u>2016</u>		

11. E-mail Address mykhadaway@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 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

Michael Hadaway

Daytime Phone #

Typed or printed name of signing authorized representative/member

FILED  
16 NOV 22 AM 10:09  
SECRETARY OF STATE  
JACKSONVILLE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida / Duval

5. Date Organized or Qualified  
To Do Business in Florida

6/24/15

6. FEI Number

47-5037653

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a certificate of status

**900292600819**  
11/22/16--01014--027 \*\*238.75

**900292600819**  
11/22/16--01014--028 \*\*5.00