

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 28 PM 9:47

DOCUMENT # L15000199754

1. Limited Liability Company's Name

HARD HAT CONSTRUCTION LLC

300840881 783
06/23/20--01033--013 **541.25

2. Principal Office Address - No P.O. Box #
18625 SW 104 CT

Suite, Apt. #, etc.

City & State
Cutler Bay, FL

Zip Country
33157 USA

3. Mailing Office Address
18625 SW 104 CT

Suite, Apt. #, etc.

City & State
Cutler Bay, FL

Zip Country
33157 USA

CR2E041 (1/14)

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida 11/30/2015

6. FEI Number
82-1303092

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
Perez and Associates

Street Address (P.O. Box Number is Not Acceptable) Suite,
3401 N Miami Ave

Apt. #, Etc
212

City State Zip Code
Miami FL 33127

R WHITE

AUG 28 2020

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/16/2020

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
AM	MIRIAM MIRANDA	18625 SW 104 CT	Cutler Bay / FL / 33157
AM	XAVIER MIRANDA	18625 SW 104 CT	Cutler Bay / FL / 33157

11. E-mail Address XFMIRANDA@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

Date 6/16/2020 Daytime Phone # (786) 306-8169

Typed or printed name of signing authorized representative/member XAVIER MIRANDA