

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # **L97060001088**

1. Limited Liability Company's Name

George M. Hiller Companies of Florida, LLC

2. Principal Office Address

**2701 W. Busch Blvd - Suite 108
Tampa FL 33618**

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3478472

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Robert E. Taylor

800003491628-0

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

2701 W. Busch Blvd. Suite 108

12/08/00-01/04/01

Suite, Apt. #, Etc.

Tampa FL 33618

City

State

FL

Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Robert E. Taylor

Date **11-16-00**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Robert E. Taylor	2701 W. Busch Blvd Suite 108 Tampa FL 33618	
MGR	George M Hiller Companies LLC, A Georgia	1144 Monarch Plaza 3414 Peach Tree Rd NE Atlanta GA 30326	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of

Managing Member/Manager

Robert E. Taylor

Date **11-16-00**

Daytime Phone #

913-936-0222

Typed or printed name of signing Managing Member/Manager

Robert E. Taylor

CR2E041 (9/00)