

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

DOCUMENT # L98000000443

1. Limited Liability Company's Name

Hanbury Evans Newill Vlattas Valladarez & Company, LC
1115 East Cass Street
Tampa, Florida 33602

2. Principal Office Address

1115 E. Cass Street

Suite, Apt. #, etc.

City & State

Tampa, Fl

Zip

33602

Country

USA

3. Mailing Office Address

1115 E. Cass Street

Suite, Apt. #, etc.

City & State

Tampa, Fl

Zip

33602

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

4/3/98

6. FEI Number

59-3503160

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

David M. Jeffries c/o Ganther & Fee, P.A.

100004562941--6

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

101 East Kennedy Boulevard, Suite 1030

08/30/01-01008-001

****205.00 ****55.00

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

David M. Jeffries
REGISTERED AGENT MUST SIGN

Date 8/15/01

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
MGRM	Valladarez, David	1115 E. Cass Street	Tampa, Fl 33602
MGRM	Hanbury Evans Newill Vlattas	120 Atlantic Street	Norfolk, VA 23510

REINSTATEMENT

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

David A. Valladarez

Date 8-15-01

Daytime Phone # 813-221-0770

Typed or printed name of signing Managing Member/Manager

David A. Valladarez, AIA

CR2E041 (9/00)