

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 17 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002057

1. Limited Liability Company's Name

H+H REAL ESTATE HOLDING, L.C.

2. Principal Office Address

13951 STIRLING RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

33330

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/30/98

6. FEI Number

65-0868037

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

SAMANDAR HOSSEINI

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

13951 STIRLING RD

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33330

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-9-01

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
MAN MEMBER	SAMANDAR HOSSEINI	13951 STIRLING RD	FT. LAUDERDALE, FL 33330
			00 50.00
			01 50.00
		no reinstatement fee due	

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

[Signature]

Date 3/19/01

Daytime Phone # 954-723-5144

Typed or printed name of signing Managing Member/Manager

292

SADOFF, RASKIN & ASSOCIATES, P.A.

Certified Public Accountants

INTERCONTINENTAL PROFESSIONAL CENTER

1535 NORTHPARK DRIVE - SUITE 101

WESTON, FLORIDA 33326

MEMBERS:

AMERICAN INSTITUTE OF C.P.A.'s

FLORIDA INSTITUTE OF C.P.A.'s

PHONE: (954) 385-3332

FAX (954) 385-6464

March 20, 2001

Division of Corporations
Registration Section
409 East Gaines Street
Tallahassee, Florida 32399

RE: H & H Real Estate Holding, L.C.
Document No: L98000002057

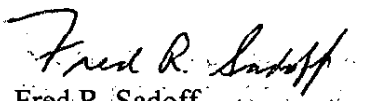
To Whom It May Concern:

We are the accountants for the above referenced company. We have also enclosed a Limited Liability Company Reinstatement Form along with a check in the amount of \$100.00.

Pursuant to a telephone conversation that I had with your office, please be advised that this company had relocated their office during 1999. Due to the change of address, the company never received their original Uniform Business Report, and therefore, did not file their report for the year 2000. We respectfully request that the penalty not be assessed and that the \$100.00 payment enclosed to be used to cover the cost of year 2000 and 2001 fee.

Thank you in advance for your consideration in this matter. Please feel free to contact us at (954) 385-3332 if we could be of any further assistance.

Sincerely,
Sadoff, Raskin & Associates, P.A.


Fred R. Sadoff
Certified Public Accountant