L99000005857

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 SEP -2 PM 12:18

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

LM 9/2

DOCUMENT # L99000005857

1. Limited Liability Company's Name

HARDWICK CAPITAL, LLC
REINSTATEMENT 2001 - 2003

200019682862
05/22/03--01003--015 **200.00

2. Principal Office Address	3. Mailing Office Address
5472 FIRST COAST HWY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
UNIT 13	
City & State	City & State
AMELIA ISLAND, FL	
Zip / Country	Zip / Country
32034 / USA	

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 09/13/99

6. FEI Number: 59-3602014 ☐ 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: JAMES O HARDWICK

Street Address (P.O. Box Number is Not Acceptable): 5472 FIRST COAST HWY

Suite, Apt. #, Etc.: UNIT 13

City: AMELIA ISLAND | State: FL | Zip Code: 32034

900018937929
05/14/03--01028--016 **75.00

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 _____ REGISTERED AGENT MUST SIGN Date _____

03 SEP -2 PM 12:18 SECRETARY OF STATE DIVISION OF CORPORATIONS

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	HARDWICK & COMPANY, INC	5472 FIRST COAST HWY#13	AMELIA ISLAND, FL 32034
	PF=$250.00		2001 -
		REINSTATEMENT	2003

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 _____ Date 4-28-03 Daytime Phone # 904-261-3355

Typed or printed name of signing Managing Member/Manager _____

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