

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -2 PM 11:02

DOCUMENT #

1. Limited Liability Company's Name

Humac, L.L.C. L99/7116

REINSTATEMENT 2000

2. Principal Office Address

6400 Pensacola Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

FL

Zip

32505

Country

U.S.A.

Zip

FL

Country

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

11-1-99

6. FEI Number

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

Philip Zelinger "MGRM"

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

6400 Pensacola Blvd

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

800003456508-7

-11/07/00--01144--020

****155.00 ****155.00

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

Philip Zelinger "MGRM"

REGISTERED AGENT MUST SIGN

Date 10-19-00

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
Pres	Richard McGee "MGRM"	17514 Riverside Dr.	LAKEWOOD, OH. 44107
vicepres	Philip Zelinger "MGRM"	1345 Park Ave	Boca Raton, FL 33486

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

Philip Zelinger "MGRM"

Date 10/19/00

Daytime Phone

(561) 395 8644

Typed or printed name of signing Managing Member/Manager

Philip Zelinger "MGRM"

CR2E041 (9/00)