

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 5:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L99000008226

1. Limited Liability Company's Name

HI/LO, LLC

2. Principal Office Address

108 Ozona Drive

Suite, Apt. #, etc.

3. Mailing Office Address

108 Ozona Drive

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34683

Country

U.S.A

Zip

34683

Country

U.S.A

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

11/24/1999

6. FEI Number

59-7167303

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

Ronald S. Deferrari

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

108 Ozona Drive

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

*Ronald S. Deferrari*

Date 12/03/2002

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
MEM	Ronald S. Deferrari	108 Ozona Dr.	Palm Harbor FL 34683
			800009356458 12/05/02 01004 004 **155.00
			12/05/02 01004 004 **155.00

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

*Ronald S. Deferrari*

Date 12/03/2002

Daytime Phone # 727-787-2050

Typed or printed name of signing Managing Member/Manager

Ronald S. Deferrari

CR2E041 (9/01)