PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 10 PM 6:51

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200024529002
11/10/03--01006--019 **155.00

DOCUMENT # M02000002815

1. Limited Liability Company's Name
H & H, LLC

2. Principal Office Address	3. Mailing Office Address
1543 PHANTOM AVE	800 VIRGINIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	38-A
City & State: SAN JOSE, CA	City & State: FORT PIERCE, FL
Zip: 95125 Country: USA	Zip: 34982 Country: USA

4. State/Country of Formation: CALIFORNIA

5. Date Organized or Qualified To Do Business in Florida: 10-25-02

6. FEI Number: 731649097 ☐ 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: CAROLE J. WOUTERS

Street Address (P.O. Box Number is Not Acceptable): 800 VIRGINIA AVE

Suite, Apt. #, Etc.: 38-A

City: FORT PIERCE, FL. State: FL Zip Code: 34982

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: Carole J. Wouters Date: 10/27/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
	on file		
Mgm	Rodrigues, Horacio		
	1543 Phantom Ave		
	San Jose, Ca 95125		
		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: Horacio Rodrigues Date: 10-16-03 Daytime Phone #: 408-667-1301

Typed or printed name of signing Managing Member/Manager: HORACIO RODRIGUES