

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M14000003328

1. Limited Liability Company's Name  
HOWARTH LAWS LLC

2. Principal Office Address - No P.O. Box #

3501 WEST VINE STREET

Suite, Apt. #, etc.

SUITE 349

City & State

KISSIMMEE

Zip

34741

Country

USA

3. Mailing Office Address

3501 WEST VINE STREET

Suite, Apt. #, etc.

SUITE 349

City & State

KISSIMMEE

Zip

34741

Country

USA

8. Name and Address of Current Registered Agent

Name

SIMON B HOWELL

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

8701 W IRLO BRONSON MEMORIAL HWY

Apt. # Etc.

SUITE 100

City

KISSIMMEE

State

FL

Zip Code

34747

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 06/09/2016

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
D	Ben HOWARTH	Brownhills, Brownhills Road, Rushton	Cheshire, United Kingdom CW6 9BQ
D	Rachael HOWARTH	Brownhills, Brownhills Road, Rushton	Cheshire, United Kingdom CW6 9BQ
<b>REINSTATEMENT</b>			<b>S. HAWKES</b>
<i>2015-2016</i>			JUN 20 A.M.
			<b>EXAMINER</b>

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of authorized representative/member

Date

06/09/2016

Daytime Phone #

407-245-7600

Typed or printed name of signing authorized representative/member

BEN HOWARTH

16 JUN 17 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA/UNITED STATES

5. Date Organized or Qualified To Do Business in Florida

05/16/2014

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

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