PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 MAR 29 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Z00377

1. Limited Liability Company's Name
BRISTOL & HINES, L.C.

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
104 N. Orion Ave.	104 N. Orion Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33765 Country: U.S.	Zip: 33765 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 4/19/1991

6. FEI Number: 593073041 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: L R Mayer

Street Address (P.O. Box Number is Not Acceptable): 104 N. Orion Ave.

Suite, Apt. #, Etc.:

City: Clearwater, FL State: FL Zip Code: 33765

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: L R Mayer REGISTERED AGENT MUST SIGN Date: 3/29/2006

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	L R Mayer	104 N. Orion Ave.	Clearwater, FL 33765

800069537668
04/05/06 01054-015 **800.00

REINSTATEMENT 93-06

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 608.508, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: L R Mayer Date: 3/29/2006 Daytime Phone #: 727-441-1194

Typed or printed name of signing Managing Member/Manager: L R Mayer

Incorporating Services Ltd.
Requester's Name

1540 Glenway Dr.
Address

Tallahassee, FL 32301
City/State/Zip

Phone # 656-7962

2006 MAR 29 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Bristol + Hines, L.C. Z00377
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☑ Walk in ☑ Pick up time 3/30/06 ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☑ Reinstatement
- ☐ Trademark
- ☐ Other

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DIVISION OF CORPORATION

Examiner's Initials

CR2E031(7/97)