

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 FEB - 4 11:15 '20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LD40000030170

1. Limited Liability Company's Name

Asgard Investments, LLC

CR2E041 (1/14)

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

David Hutchison

Suite, Apt. #, etc.

104 E. Commercial St.

City & State

Lebanon, MO

Zip

65536

Country

USA

3. Mailing Office Address

David Hutchison

Suite, Apt. #, etc.

P.O. Box 504

City & State

Hartville, MO

Zip

65667

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

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

Larry Loftis, Esquire

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

107 TENNISON Dr.

Suite, Apt. #, Etc.

# 3

City

Orlando

State

FL

Zip Code

32801

900256344049  
02/04/14--01012--004 \*\*1487.50

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

Larry Loftis

REGISTERED AGENT MUST SIGN

Date 27 JAN 2014

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
OWNER	David Hutchison	104 E. Commercial Street Lebanon, 417-379-	MO 65536 4916
<b>REINSTATEMENT 05-14</b>			
			FEB - 5 2014
			L. SELLERS

11. E-mail Address: panzerhutch@yahoo.com

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

David Hutchison

Date 27 JAN 2014

Daytime Phone #

417 379 4916

Typed or printed name of signing Authorized Representative/Manager

David Hutchison