

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

16 MAR 23 PM 3:34

SECRET

DOCUMENT # L14000046162

1. Limited Liability Company's Name

Husky Tuff Properties Management & Maintenance, LLC

2. Principal Office Address - No P O Box #

11372 NW Robertson Mill Road

3. Mailing Office Address

11372 NW Robertson Mill Road

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Bristol, FL

City & State

Bristol, FL

Zip

32321

Country

USA

Zip

32321

Country

USA

8. Name and Address of Current Registered Agent

Name

Spring C. Hatcher

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

11372 NW Robertson Mill Road

Apt. #, Etc.

N/A

City

Bristol

State

FL

Zip Code

32321

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

*Spring C. Hatcher*

REGISTERED AGENT MUST SIGN

Date 03/22/2016

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
AR	Spring C. Hatcher	11372 NW Robertson Mill Road	Bristol, FL 32321

11. E-mail Address: huskytufftransport@gmail.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 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

*Spring C. Hatcher*

Date

03/22/2016

Daytime Phone #

850-447-5862

Typed or printed name of signing authorized representative/member

Spring C. Hatcher, Owner/President

CR2E041 (1/14)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

03/2014

6. FEI Number

47-5053933

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

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03/23/16--01007--005 \*\*\$77.50