

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000000008706

1. Limited Liability Company's Name

Hoosier Services, LLC

2. Principal Office Address

3242 17th Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34235

Country

3. Mailing Office Address

PO Box 3319

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34230

Country

REINSTATEMENT 2001

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1030369

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

Gary Auten

300004695013-2

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

3242 17th Street

11/27/01-01045-017

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Sarasota, FL 34235

State

FL

Zip Code

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

Gary Auten

REGISTERED AGENT MUST SIGN

Date 11/2/01

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
<u>Mrg</u>	<u>Gary Auten</u>	<u>3242 17th St.</u>	<u>Sarasota, FL 34235</u>

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

Gary Auten

Date 11/2/01

Daytime Phone # 941-957-0725

Typed or printed name of signing Managing Member/Manager