

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 29 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300095803893
04/04/07--01035--021 **150.00

CR2E041 (1/07)

DOCUMENT # LO1000004429

1. Limited Liability Company's Name

Donald Huber, LLC

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

625 Main Street

Suite, Apt. #, etc.

Suite 27

City & State

Windermere, FL

Zip

34786

Country

USA

3. Mailing Office Address

866 6th Avenue

Suite, Apt. #, etc.

6th Floor

City & State

New York, NY

Zip

10001

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

3-22-01

6. FEI Number

593715842

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

Stacy Huber

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

625 Main Street

Suite, Apt. #, Etc.

Suite 27

City

Windermere

State

FL

Zip Code

34786

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Date

3-12-07

REGISTERED AGENT MUST SIGN

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>MGR</u>	<u>Donald E. Huber</u>	<u>866 6th Ave 6th Floor</u>	<u>New York, NY 10001</u>

REINSTATEMENT 06-07

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 608.406, 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

Date

3/12/07

Daytime Phone #

717-312-4222

Typed or printed name of signing Managing Member/Manager

Donald E. Huber