PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000010861

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 11 AM 10: 35·

1. DOCUMENT # L02000010861
Name and Mailing Address

0010045 01 AT 0.292 **AUTO T6 0 0615 33756-585627

HUBERT, L.L.C.
1245 COURT ST., STE. 102
CLEARWATER FL 33756-5856

REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/06/2002

Principal Place of Business 1245 COURT ST., STE. 102 CLEARWATER FL 33756	3. New Principal Place of Business Address	6. FEI Number 33-1003860	Applied For
	City, State, Zip		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	9. Name and Address of New Registered Agent
GASSMAN, ALAN S ESQ. 1245 COURT ST., STE. 102 CLEARWATER FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 _Alan S Gassman_ SIGNATURE REQUIRED   Date 10/20/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LAINER, MARVIN I	93 PINE ARDEN DR.	WEST BOYLSTON MA 01583
		3000025417193 12/11/03--01019--016 **150.00	
		2003	
	REINSTATEMENT		

12. 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 _SIGNATURE REQUIRED_   Date 10/31/03   Daytime Phone # 508-944-1948

Typed or printed name of signing Managing Member/Manager   MARVIN I LAINER

CR2E034 (7/03)