

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:11

DOCUMENT # L03000045513

1. Limited Liability Company's Name

HUDSON HOLLOW, LLC

2. Principal Office Address

14026 OLD DIXIE HWY

Suite, Apt. #, etc.

LOT 17

City & State

HUDSON, FLORIDA

Zip

34667

Country

USA

3. Mailing Office Address

14026 OLD DIXIE HWY

Suite, Apt. #, etc.

LOT 17

City & State

HUDSON, FLORIDA

Zip

34667

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

NOV. 18, 2003

6. FEI Number

20-0404054

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

JOSEPH EDWARDS

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

14026 OLD DIXIE HWY.

Suite, Apt. #, Etc.

LOT 17

City

HUDSON

State
FL

Zip Code

34667

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

Joseph Edwards

REGISTERED AGENT MUST SIGN

Date

9-13-06

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>MGRM</u> | <u>GERRY L. EDWARDS</u> | <u>14026 OLD DIXIE HWY LOT 17</u> | <u>HUDSON, FL. 34667</u> |
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REINSTATEMENT 04-06

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

Gerry L. Edwards

Date

9-13-06

Daytime Phone #

727-457-0277

Typed or printed name of signing Managing Member/Manager

GERRY L. EDWARDS