PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 14 FEB -4 111 151 20
DOCUMENT # LDUDO 030 170 1. Limited Liability Company's Name	SECRETARY OF STATE MEDAHASSEE PLORIDA
Asgard Investments, LLC	
Principal Office Address - No P.O. Box # 3. Mailing Office Address	CR2E041 (1/14)
David Hutchison David Hutchison	4. State/Country of Formation
Suite, Apt. #, etc. 104 E. Commercial St. P.O. Box 504	5. Date Organized or Qualified To Do Business in Florida
City & State Lebanon, MO Hartville, MO Zip Country Zip Country	6. FEI Number Applied For X Not Applicable
65536 USA 65667 USA	7. CERTIFICATE OF STATUS DESIRED S5 00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name	
Larry Loftis, Esquire	
Street Address (P.O. Box Mumber is Not Acceptable) 107 (Ten Ni SoN Dr.	i
Sulte, Apt. #, Etc.,	900256344049 02/04/1401012004 **1487.50
City Orlando State Zip Code FL 32801	U2/U4/14U1U12UU4 **148(.5U
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and	d accept the obligations of Chapter 605, F.S.
Signature of Registered Agent Larry Loftis REGISTERED AGENT MUST SIGN	Date 27 JAN 2014
NEGISTERED AGENT MUST SIGN	
10. Names and Street Addresses of Authorized Representatives/Managers	
10. Names and Street Addresses of Authorized Representatives/Managers Titles Name of Street Address of Eac Authorized Representatives/ Authorized Representatives/ Authorized Representatives/ Managers	ive/ City / State / Zip
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10. Names and Street Addresses of Authorized Representatives/Managers Titles Name of Street Address of Eac Authorized Representatives/ Authorized Representatives/ Authorized Representatives/ Managers	City/state/zip Commercial Street DN MO 65536
10. Names and Street Addresses of Authorized Representatives/Managers Titles Name of Authorized Representatives/ Authorized Representatives/ Managers OWNER David Hutchison 104 E. Lebano	City/state/zip Commercial Street DN MO 65536
10. Names and Street Addresses of Authorized Representatives/Managers Titles Name of Authorized Representatives/ Authorized Representatives/ Managers Street Address of Eac Authorized Representatives/ Manager M	City/state/zip Commercial Street DN MO 65536
10. Names and Street Addresses of Authorized Representatives/Managers Titles Name of Authorized Representatives/ Authorized Representatives/ Managers OWNER David Hutchis ON 104 E. Leband 417-37	City/state/Zip Commercial Street DN MO 65536 4916 FEB - 5 2014 L. SELLERS
10. Names and Street Addresses of Authorized Representatives/Managers Titles Name of Authorized Representatives/ Authorized Representatives/ Managers OWNER David Hutchis ON 104 E. Leband 417-37	City/state/Zip Commercial Street DN MO 65536 4916 FEB - 5 2014 L. SELLERS
10. Names and Street Addresses of Authorized Representatives/Managers Name of Authorized Representatives/Managers Nanagers OWNER David Hutchis DN 104 E. Lebano 11. E-mail Address: Pan Zerhutch Cover of trustee ampowered to execute when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been paid. The information indicated on this application as if made under oath. I am aware that false information submitted to the Department of State constitutes at the signature of the constitutes at the constitute of the constitutes of the constitutes of the constitutes at the constitute of the constitutes of the constitutes of the constitutes at the constitute of the co	City/State / Zip Commercial Street MO 65536 FEB - 5 2014 L. SELLERS Mons) I this application as provided for in Chapter 608, F.S. I further certify that company name satisfies the requirements of section 605.0012. F.S., and in is true and accurate, and my signature shall have the same legal effect aird degree felony as provided in s. 817.155, F.S. SAN 2014 Paytime Phone # 417 379 4916