

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY -7 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000058602

1. Limited Liability Company's Name

DG Hurst Trucking, LLC

CR2E041 (1/11)

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

5734 Lagustrum Ln

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Polk City, FL

City & State

Zip 33868 Country POLK

Zip Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

David G. Hurst

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

5734 Lagustrum Ln

Suite, Apt. #, Etc.

City Polk City

State FL

Zip Code 33868

E-mail Address:

400207406644

05/10/11--01001--004 **\$21.25

DGHurstTrucking@verizon.net
(To be used for future annual report notices)

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

David G. Hurst

Date 5/9/11

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
MGR	David G. Hurst	5734 Lagustrum Ln	Polk City, FL 33868
		J. SAULSBERRY EXAMINER	REINSTATEMENT
		MAY 9 2011	2009-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

David G. Hurst

Date 5/9/11

Daytime Phone #

(833) 286-4006

Typed or printed name of signing Managing Member/Manager