

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000027449

1. Limited Liability Company's Name

HUNTER'S HOUSE WASHING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN -8 PM 2:28

000139509510
01/05/09--01077--007 **138.75

CR2E041 (10/08)

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

231 LONG LAKE DRIVE

Suite, Apt. #, etc.

City & State

MIRAMAR BEACH, FL

Zip

32550

Country

US

3. Mailing Office Address

231 LONG LAKE DRIVE

Suite, Apt. #, etc.

City & State

MIRAMAR BEACH, FL

Zip

32550

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **MARCH 18, 2005**

6. FEI Number

20-2530297

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

JAMES H MURPHY

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

231 LONG LAKE DRIVE

Suite, Apt. #, Etc.

City

MIRAMAR BEACH, FL

State

FL

Zip Code

32550

☐ 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

James H Murphy
REGISTERED AGENT MUST SIGN

Date **DECEMBER 16, 2008**

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	JAMES H MURPHY	231 LONG LAKE DRIVE	MIRAMAR BEACH, FL 32550

0001395175995
12/19/08--01045--007 **377.50

REINSTATEMENT 2006-08

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

James H Murphy

Date **12/16/2008**

Daytime Phone # **850-259-4261**

Typed or printed name of signing Managing Member/Manager **JAMES H MURPHY**