

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

09 APR 27 AM 11:54

DOCUMENT # L05000049550

1. Limited Liability Company's Name

FRED HUFFMAN, LLC

REINSTATEMENT 07-09 Sam

CR2E041 (10/08)

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

3290 ALISTAIR CT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32226

Country

US

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 05/18/2005

6. FEI Number

20-2857124

☐ **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

SCOTT FORDHAM

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

1241 S MCDUFF AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32205

☒ **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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-2-09

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
MGRM	FRED HUFFMAN	3290 ALISTAIR CT	JACKSONVILLE, FL 32226

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**

[Signature]

Date 4-2-09

Daytime Phone # 904-718-2831

Typed or printed name of signing Managing Member/Manager FRED HUFFMAN

1110.25