

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 AUG 30 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 105000073270

1. Limited Liability Company's Name

Hugh M. Kirby Trucking, LLC

CR2E041 (11/10)

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

1322 SW Carpenter Rd
Suite, Apt. #, etc.

3. Mailing Office Address

1322 SW Carpenter Rd
Suite, Apt. #, etc.

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

7-26-05

6. FEI Number

☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Lake City FL

Zip Country

32024 U.S.

City & State

Lake City FL

Zip Country

32024 U.S.

8. Name and Address of Current Registered Agent

Name

Hugh M. Kirby

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

1322 SW Carpenter Rd

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

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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

Hugh M. Kirby

REGISTERED AGENT MUST SIGN

Date 8/30/11

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
Myrm	Hugh M. Kirby	1322 SW Carpenter Rd	Lake City, FL 32024
		J. SAULSBERRY EXAMINER	
		AUG 30 - 2011	

REINSTATEMENT
2006-11

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am a 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 § 817.155, F.S.

Signature of

Managing Member/Manager

Hugh M. Kirby

Date 8/30/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Hugh M. Kirby