

L05000121757
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 24 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E041 (1/07)

BK

DOCUMENT # **L05000121757**

1. Limited Liability Company's Name

HUDSON'S GROCERY, LLC

06

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

417 PARK AVENUE

Suite, Apt. #, etc.

City & State

BOCA GRANDE, FL

Zip

33921

Country

USA

3. Mailing Office Address

P.O. Box B

Suite, Apt. #, etc.

City & State

SAGINAW, AL

Zip

35137

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/20/2005

6. FEI Number

20-3984751

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☒ 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

Dale W. Morris

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

Date

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
MEM	HOWARD WISE	425 MICHAEL LANE	BIRMINGHAM AL 35213
M	EMILY WISE	425 MICHAEL LANE	BIRMINGHAM AL 35213

REINSTATEMENT 2006-2007

200109833102

08/30/07--01034--006 **100.00

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

Howard Wise

Date **8/21/07**

Daytime Phone #

205 664 3670

Typed or printed name of signing Managing Member/Manager

HOWARD WISE