

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000029722

1. Limited Liability Company's Name

H. Hargett LLC

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

1302 Godwin Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1302 Godwin Rd

Suite, Apt. #, etc.

City &amp; State

FT. Pierce, Fla.

City &amp; State

FT. Pierce, Fla.

Zip

34945

Country

US

Zip

34945

Country

US

8. Name and Address of Current Registered Agent

Name

Hudson Hargett, Jr

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

1302 Godwin Rd

Suite, Apt. #, Etc.

City

FT Pierce

State

FL

Zip Code

34945

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

H Hargett

REGISTERED AGENT MUST SIGN

Date

12/4/09

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	Hudson Hargett Jr	1302 Godwin Rd	FT Pierce, Fla 34945

REINSTATEMENT -07-09

800163435948  
12/08/09--01024--006 \*\*\*421.25

11. E-mail Address: H S Hargett@yahoo.com

(To be used for future annual report notifications)

12. 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

H Hargett

Date

12/4/09

Daytime Phone #

561-2556827

Typed or printed name of signing Managing Member/Manager

Hudson Hargett Jr.

FILED

2009 DEC -9 AM 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

03/16/2006

6. FEI Number

20-4506236

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

C.L.