

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 NOV -3 AM 8:56

DOCUMENT # L06000082841

1. Limited Liability Company's Name

D HOGE & COMPANY LLC

000162149670
10/26/09--01027--003 **277.50

CR2E041 (10/08)

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

136 ATLANTIC AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

136 ATLANTIC AVENUE

Suite, Apt. #, etc.

City & State

INDIALANTIC

City & State

INDIALANTIC FL

Zip

32903-2102

Country

BREVARD

Zip

32903-2102

Country

BREVARD

4. State/Country of Formation

FL / BREVARD

5. Date Organized or Qualified

To Do Business in Florida 08/22/2006

6. FEI Number

N/A

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

FRANK BRUNN

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

407 EAST NEW HAVEN AVENUE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901-4507

☒ 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

REGISTERED AGENT MUST SIGN

Date 10-22-09

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
MGR	DEREK M. HOGELAND	136 ATLANTIC AVENUE	INDIALANTIC / FL / 32903-2102

REINSTATEMENT 2008, 2009

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

Date 10-23-09

Daytime Phone # 321-536-5778

Typed or printed name of signing Managing Member/Manager

DEREK M. HOGELAND