

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2015 JUN 16 PM 2:38

DOCUMENT # L07000042203

1. Limited Liability Company's Name  
**Hudmon Tree Service LLC.**

2. Principal Office Address - No P.O. Box #  
**8740 Indiana ave**

3. Mailing / Mail Address  
**8740 Indiana ave**

City & State  
**Melbourne FL.**

City & State  
**Melbourne FL.**

Zip Country  
**32904 USA**

Zip Country  
**32904 USA**

4. State/Country of Formation  
**Florida USA**

5. Date Organized or Qualified To Do Business in Florida  
**April 20, 2007**

6. FEI Number  
**59-3028388**

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name  
**Kent S. Hudmon**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**8740 Indiana ave**

City  
**Melbourne**

State Zip Code  
**FL 32904**

500274110295  
06/16/15-01024-003 \*\*1071.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  
**Kent S. Hudmon**

REGISTERED AGENT MUST SIGN

6-7-15

10. Names and Street Addresses of Authorized Representatives/Managers

Type	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
OWNER	Kent Hudmon	8740 Indiana ave	Melbourne FL. 32904

**REINSTATEMENT**

2009-2015

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11. E-mail Address  
**KentHud.@netZero.net**

\*2. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information included 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 s. 817.188, F.S.

Signature of authorized representative/member  
**Kent Hudmon** Date **6-7-15** Daytime Phone # **321-984-8263**

Typed or printed name of signing authorized representative/member  
**KENT HUDMON**