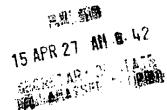
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS



1. Limited	IMENT # L0700073312 Liability Company's Name Hupalo Construction, L.L.C.					Alexander of the second	
Principal Office Address - No P.O. Box# 3. Mailing 0			Office Address		CR2E041 (1/14)		
5651 Lawton Dr.		5651 Lawton Dr.			4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	Florida, U.S.A. 5. Date Organized or Qualified To Do Business in Florida 7/16/2007		
City & State		City & State	City & State		6. FEI Number Applied For 300442464 Not Applicable		
Sarasota, Florida		Sarasota, Florida					
Zip	Country	Zip	Country		7	STATUS DESIRED 255.	.00 Additional Fee required a certificate of status
34233	U.S.A,	34233	U.S.A.		``CERTIFICATE OF	STATUS DESIRED L	a certificate of status
	8. Name and Add	ress of Current Regis	stered Agent	•			
Name	barre MCP						
Robert H	Hupalo MGC ress (P.O. Box Number is Not Acceptable)	Suite					
	pleton Terr.	suite,					
Apt. #, Etc.					800272268128 04/27/1501041009 **382.50		
city North Po	nrt		State FL 34:	Zip Code 286			
					L	of Chanter SDE F C	
}	ng appointed the registered agent of the		nability company, am far	miliar with and acc	ept the congations	or chapter 605, F.S.	
Signature Registere		REGISTERED AGEN	GR IT MUST SIGN	<u> </u>		Date <u>4-24</u>	1-2015
10. Name	es and Street Addresses of Authorized Ro	epresentatives/Manage	78				
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representativ Manager		e/ City / State / Zip		
mcr	Robert Hupel	υ	5651 Lan		-	Sergsot_	FC34233
			.			•	
	AP	R 2 7 2015					
<u> </u>	P	. HUNT	RF	PONT	ATE	MENT	
] 	1	. 110111		711 10 1		ATTITAT	
11, E-mai	il Address: hupcon@gmail.cor	n	(To be used for future ann	ual report notification	ons)		
certify that 605.0012 shall have felony as	ify that I am an authorized representate then filing this reinstatement applice, F.S., and that all fees owed by the life the same legal affect as if made under provided for in s. 817.155, F.S. as of authorized representative/member printed name of signing authorized re	ation the reason for di mited liability compan ler oath. I am aware th	ssolution has been elln y have been paid. The i nat false information sul	ninated, the limite information indica bmitted in a docu	ed liability companated on this applicological iment to the Depa	y name satisfies the red ation is true and accura rtment of State constitu	quirement of section ite, and my signature