

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0700073312

1. Limited Liability Company's Name
Robert Hupalo Construction, L.L.C.
MGR

2. Principal Office Address - No P.O. Box #
5651 Lawton Dr.

3. Mailing Office Address
5651 Lawton Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, Florida

City & State
Sarasota, Florida

Zip Country
34233 U.S.A.

Zip Country
34233 U.S.A.

8. Name and Address of Current Registered Agent

Name
Robert Hupalo *MGR*

Street Address (P.O. Box Number is Not Acceptable) Suite,
4061 Appleton Terr.

Apt. #, Etc.

City State Zip Code
North Port FL 34286

4. State/Country of Formation
Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida **7/16/2007**

6. FEI Number
300442464

Applied For
☐ Not Applicable

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

CR2E041 (1/14)

800272268128
04/27/15--01041--009 **382.50

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 **Robert Hupalo** *MGR*
REGISTERED AGENT MUST SIGN

Date **4-24-2015**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<i>MGR</i>	Robert Hupalo	5651 Lawton Dr	Sarasota, FL 34233
	APR 27 2015		
	R. HUNT		

REINSTATEMENT

11. E-mail Address: **hupcon@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or 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 indicated 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. 817.155, F.S.

Signature of authorized representative/member **Robert Hupalo** *MGR* Date **4-24-2015** Daytime Phone # **941-343-7227**

Typed or printed name of signing authorized representative/member **ROBERT HUPALO MGR.**