

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

10 APR 19 PM 1:05

DOCUMENT #

1. Limited Liability Company's Name

OCALA HOSE & SUPPLY CO. LLC
PO Box 771101
OCALA, FL. 34477

REINSTATEMENT 2009-10 SEM

600176181296
04/19/10--01005--019 **277.50

CR2E041 (11/09)

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

7695 SW 19th Place

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 771101

Suite, Apt. #, etc.

City & State

OCALA, FL. 34474

City & State

OCALA, FL

Zip

34474

Country

USA

Zip

34477

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified
To Do Business in Florida

1-7-2008

6. FEI Number

32-0225834

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

Francisco Arrieta, Jr

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

7695 SW 19th PL

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34474

☐ 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 4-15-10

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
MEM	FRANCISCO ARRIETA	7695 SW 19th PL OCALA, FL 34474	OCALA, FL. 34474

11. E-mail Address:

(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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Francisco Arrieta