

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 08000020556

1. Limited Liability Company's Name

Hunt's House Moving, LLC

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

275 NE 132nd Ave

Suite, Apt. #, etc.

City & State

Cross City, FL

Zip

32628

Country

US

3. Mailing Office Address

Post Office Box 182

Suite, Apt. #, etc.

City & State

Cross City, FL

Zip

32628

Country

US

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

02/26/2008

6. FEI Number

30-0468365

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (12/13)

8. Name and Address of Current Registered Agent

Name

Marvin E. Hunt

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

117 NE 803 Street

Suite, Apt. #, Etc.

City

Old Town,

State

FL

Zip Code

32680

E-mail Address:

700255998157  
01/27/14--01003--008 \*\*516.25

marvinhunt2@bellsouth.net

(To be used for future annual report notices)

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

*Marvin E. Hunt*

Date January 21, 2014

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGRM	Marvin E. Hunt	117 NE 803 Street	Old Town, Florida 32680
MGRM	Harold R. Hunt	117 NE 803 Street	Old Town, Florida 32680
	<b>REINSTATEMENT</b>		<b>S. HAWKES</b>
	<i>2012-2013</i>		<b>JAN 27 A.M.</b>
			<b>EXAMINER</b>

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

*Marvin E. Hunt*

Date January 21, 2014

Daytime Phone # 386 294 1688

Typed or printed name of signing Authorized Person Marvin E. Hunt