

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000064820

1. Limited Liability Company's Name

HUNTER GENERAL CONTRACTORS, LLC

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

1701 W. Wetherbee Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 770753

Suite, Apt. #, etc.

City & State

Orlando, FL 32837

City & State

Orlando, FL

Zip

32877

Country

USA

Zip

32877

Country

USA

8. Name and Address of Current Registered Agent

Name

Brian Hunter

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

1701 W. Wetherbee Road

Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32877

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

7/2/08

6. FEI Number

61-1567712

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

CR2E041 (1/14)

11/06/18--01033--001 **130.00

600320700336

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

Date 10/29/18

REGISTERED AGENT MUST SIGN

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
MLR	Brian Hunter		

11. E-mail Address bhunter@huntercontractors.net

(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

Date 10/29/18

Daytime Phone # 407-466-1753

Typed or printed name of signing authorized representative/member Brian Hunter