

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L08000113193**

1. Limited Liability Company's Name

FRumpy LLC

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

2798 Hwy 231

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Cottondale

City & State

FL

Zip

32431

Country

Jackson

Zip

FL

Country

32431

8. Name and Address of Current Registered Agent

Name

Lola F. Huddleston

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

2798 Hwy 231

Suite, Apt. #, Etc.

FL

Cottondale

State

FL

Zip Code

32431

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

Lola F. Huddleston

REGISTERED AGENT MUST SIGN

Date

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
MGR	Lola Huddleston	2798 Hwy 231	Cottondale Fl. 32431
MGR	R.C. Huddleston	2798 Hwy 231	Cottondale Fl. 32431
MGR	Vern Vann	2924 US 27 N	Sebring Fl. 33870
MGR	John Huddleston	3266 US 27 S	Sebring Fl. 33870

REINSTATEMENT

11/9/12

11. 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. 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 Managing
Member/Manager

Lola Huddleston

Date

9/10/12

Daytime Phone #

863-873-4209

Typed or printed name of signing Managing Member/Manager

FILED

2012 SEP 28 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800239629720

09/14/12--01032--004 **377.50

CR2E041 (1/11)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01-01-09

6. FEI Number

38-3793919

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

800239629720
09/14/12--01032--005 **5.00

(To be used for future annual report notices)