

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0910000 20529

1. Limited Liability Company's Name Hoyer's Express LLC

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

14798 SW 151st Ave

Suite, Apt. #, etc.

City & State

Brooker FL

Zip

32622

Country

US

3. Mailing Office Address

14798 SW 151st Ave

Suite, Apt. #, etc.

City & State

Brooker FL

Zip

32622

Country

US

8. Name and Address of Current Registered Agent

Name

Dustin D. Hoyer

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

14798 SW 151st Ave

Apt. #, Etc.

Brooker

City

Brooker

State

FL

Zip Code

32622

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/18/2016

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
<u>ngem</u>	<u>Dustin D. Hoyer</u>	<u>14798 SW 151st Ave</u>	<u>Brooker FL 32622</u>

11. E-mail Address:

Hoyers Express free @ 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

[Signature]

Date Oct 20 2016

Daytime Phone # 352 224 8323

Typed or printed name of signing authorized representative/member

Dustin D. Hoyer

2016 OCT 19
CR2E041 (1/14)

4. State/Country of Formation -

FL / US

5. Date Organized or Qualified
To Do Business in Florida

3/2/2004

6. FEI Number

90-0447335

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

800291410018

10/19/16--01014--004 **1075.90

I Dustin Hoyer Owner
of Hoyer's Express Inc
Doc # P14000046941
will not attempt to
use Hoyer's Express Inc
Again. I hereby release
the name to Hoyer's
Express LLC Doc #
L09000020529

DH

FILED
2018 OCT 19 P 2:47
TALLAHASSEE, FLORIDA