


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L1 00000 61552

1. Limited Liability Company's Name
Hustle Holdings, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 401 SOUTH FLORIDA AVE		3. Mailing Office Address 401 SOUTH FLORIDA AVE	
Suite, Apt. #, etc. suite 201		Suite, Apt. #, etc. suite 201	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33602	Country USA	Zip 33602	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 06/06/2010	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Fee	

8. Name and Address of Current Registered Agent			
Name Bijal Patel			
Street Address (P.O. Box Number is Not Acceptable) 10307 Carroll Shores Pl			
Suite, Apt. #, Etc.			
City Tampa	State FL	Zip Code 33612	

E-mail Address:
200252369342
10/03/13--01033--007 **516.25
bijalpatelesq@gmail.com
 (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 608, F.S.

Signature of Registered Agent *Bijal Patel* Date 9/27/2013
 REGISTERED AGENT MUST SIGN

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
mgrm	Tejas Patel	10307 Carroll Shores Place	Tampa, Florida 33612
mgr	Tunvi Patel	8902 NORTH DALE MABRY	Tampa, Florida 33614
REINSTATEMENT			S. HAWKES
2011 - 2013			OCT 4 - 2013
			EXAMINER

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 made 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 *[Signature]* Date 9/30/2013 Daytime Phone # 813-230-5968
 Typed or printed name of signing Managing Member/Manager _____