

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L1 00000 61552**

1. Limited Liability Company's Name

Hustle Holdings, LLC

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

401 SOUTH FLORIDA AVE

Suite, Apt. #, etc.

suite 201

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

401 SOUTH FLORIDA AVE

Suite, Apt. #, etc.

suite 201

City & State

Tampa, FL

Zip

33602

Country

USA

CR2E041 (1/11)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

06/06/2010

6. FEI Number

☒

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Fee
Total

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

REGISTERED AGENT MUST SIGN

Date **9/27/2013**

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 making 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

Date **9/30/2013**

Daytime Phone # **813-230-5968**

Typed or printed name of signing Managing Member/Manager