

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L11000145143**

1. Limited Liability Company's Name

Repair Hut, LLC

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

3200 N. Federal HWY

Suite, Apt. #, etc.

STE K-2

City & State

Ft. Lauderdale, FL

Zip

33306

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Krystal Desouza

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

2365 NW 160th Terr

Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

*Krystal De Souza*  
REGISTERED AGENT MUST SIGN

Date 10/28/2015

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
MGRM	Trevor Mock	3200 N Federal HWY STE K-2	Ft. Lauderdale FL, 33306

11. E-mail Address: tmock54@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

*Trevor Mock*

Date

10/28/2015

Daytime Phone #

561-719-0077

Typed or printed name of signing authorized representative/member

Trevor Mock

CRZEDM1 (1/14)

4. State/Country of Formation

FL US

5. Date Organized or Qualified  
To Do Business in Florida

12/29/2011

6. FEI Number

45-4318927

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

600279820936  
12/07/15--01049--021 \*\*100.00