


# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000106591	
1. Entity Name HUMITECH HUMIDITY CONTROL, LLC	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 OCT 24 AM 11:48

Principal Place of Business 2123 JENNETTE ST TALLAHASSEE, FL 32308	Mailing Address 2123 JENNETTE ST TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # 1548 Harbor Club Dr.	3. Mailing Address 1548 Harbor Club Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10242016 REIN-LLC CR2E101 (12/11)

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32308	Zip 32308
Country Leon	Country Leon

4. FEI Number 77-0649399	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CRAWFORD, DAVID 2123 JENNETTE ST TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Crawford* DATE *10/24/2016*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2017, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRAWFORD, DAVID J 2123 JENNETTE ST TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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10/24/16--01006--004 \*\*238.75

REINSTATEMENT

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: <i>David Crawford</i>	Date	E-MAIL ADDRESS: <i>dj Crawford35@gmail.com</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		