


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2014-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L 1300011 8032</u>			
1. Limited Liability Company's Name <u>Hubbs Construction Company, LLC</u>			
2. Principal Office Address - No P.O. Box # <u>2211 CROOKED OAK CT.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>PCB, FLA</u>		City & State	
Zip <u>32408</u>	Country <u>USA</u>	Zip	Country
8. Name and Address of Current Registered Agent			
Name <u>George F. Hubbs</u>			
Street Address (P.O. Box Number is Not Acceptable) Suite <u>2211 CROOKED OAK CT</u>			
Apt. #, Etc.			
City <u>PCB FLA</u>		State <u>FL</u>	Zip Code <u>32408</u>
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 <u>[Signature]</u>		Date <u>03/10/2015</u>	
REGISTERED AGENT MUST SIGN			
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>President</u>	<u>George F. Hubbs</u>	<u>2211 CROOKED OAK CT</u>	<u>PCB, FLA 32408</u>
11. E-mail Address _____ (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 <u>[Signature]</u>		Date <u>3/10/2015</u>	Daytime Phone # <u>478 256 2705</u>
Typed or printed name of signing authorized representative/member <u>George F. Hubbs</u>			

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ALL APPLICANTS, FLORIDA

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