

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2017 JAN 18 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L13000149002**

1. Limited Liability Company's Name

IHUB PARTNERS LLC

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

6321 Daniels Parkway

Suite, Apt. #, etc.

Suite 200

City & State

Fort Myers, FL

Zip

33912

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/22/2013

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

8. Name and Address of Current Registered Agent

Name

James Bunnell

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

6321 Daniels Parkway, Suite 200

Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

400294463864  
01/18/17--01019--013 \*\*\$16.25

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

*James Bunnell*

REGISTERED AGENT MUST SIGN

Date 1/10/17

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
MGR	James Bunnell	6321 Daniels Parkway, Suite 200	Fort Myers, FL 33912

JAN 19 2017

C. CARROTHERS

11. E-mail Address: jay@theriacenterprises.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

*James Bunnell*

Date 1/10/17

Daytime Phone #

239-470-4048

Typed or printed name of signing authorized representative/member James Bunnell