

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 MAY -7 PM 1:48

RECEIVED
TALLAHASSEE, FL

DOCUMENT # L14000133337

1. Limited Liability Company's Name

HARDY CUSTOM WOODWORKING LLC

300365837033
05/07/21--01020--010 **541.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 115 Black Hawk Trl		3. Mailing Office Address 115 Black Hawk Trl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft McCoy, FL		City & State Ft McCoy, FL	
Zip 32134	Country US	Zip 32134	Country US
8. Name and Address of Current Registered Agent			
Name Raymond T Hardy			
Street Address (P.O. Box Number is Not Acceptable) Suite, 115 Black Hawk Trl			
Apt. #, Etc.			
City Ft McCoy		State FL	Zip Code 32134

4. State/Country of Formation US	
5. Date Organized or Qualified To Do Business in Florida 8/26/2014	
6. FEI Number 47-1871576	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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

Raymond T Hardy
REGISTERED AGENT MUST SIGN

Date **5-3-21**

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	Raymond T Hardy	115 Black Hawk Trl	Ft McCoy, FL 32134

REINSTATEMENT

2019-2021

JUN 22 2021

11. E-mail Address: **gtrtec1@yahoo.com**

! ALBRITTON

(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

Raymond T Hardy

Date **5/3/2021**

Daytime Phone # **(386)937-9347**

Typed or printed name of signing authorized representative/member

Raymond T Hardy