

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000000851

HUBCO, L.C.

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

27 Fletcher Avenue

27 Fletcher Avenue

8/9/96

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

65-0693684

☐ Not Applicable

Sarasota, FL

Sarasota, FL

5. Date of Last Report

6. Certificate of Status Desired

Zip

Country

Zip

Country

34237

USA

34237

USA

6/97

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Harold O. Miller, Esq.
400 S. Tamiami Trail #250
Venice, FL 34285

Name

George J. Straschnov, Esq

Street Address (P.O. Box Number Is Not Acceptable)

27 Fletcher Avenue

Suite, Apt. #, etc.

City

Sarasota,

Zip Code

FL

34237

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Man

Lawrence Cohen

1901 Hansen Street

Sarasota, FL 34231

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-12/10/98--01082--001

****688.75 ****688.75

REINSTATEMENT

98
dec

11 I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of

Managing Member/Manager

Date 12/2/98

Daytime Phone # 941-922-5271

Typed or printed name of signing Managing Member/Manager LAWRENCE COHEN, manager