

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -9 PM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

400163289464
12/03/09--01038--008 **937.50

CR2E041 (11/09)

DOCUMENT # L97000001370

1. Limited Liability Company's Name

Hueso Grande Trading Company, L.C.

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

513 Fleming Street

Suite, Apt. #, etc.

3. Mailing Office Address

513 Fleming Street

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

U.S.A.

City & State

Key West, FL

Zip

33040

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/09/1997

6. FEI Number

65-0798799

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

Mark H. Smith

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

2912 Randall Circle

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34104

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

Date

11/28/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgm President	John P. Stewart	2036 West Fourth St.	Mansfield, OH 44906
	L. SELLERS		
	DEC 10 2009		
	EXAMINER		

REINSTATEMENT 04-09

11. E-mail Address: jackp.stewart@yahoo.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

11-27-09

Daytime Phone #

419-529-9755

Typed or printed name of signing Managing Member/Manager

John P. Stewart