

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03 APR -9 PM 3:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L97060001370

1. Limited Liability Company's Name

Hueso Grande Trading Company, L.C.

4/9 2001-2002-2003

200015550592

04/09/03--01032--002 **255.00

2. Principal Office Address

513 Fleming St

Suite, Apt. #, etc.

3. Mailing Office Address

513 Fleming St

Suite, Apt. #, etc.

City & State

Key West FL

Zip
33040

Country
USA

City & State

Key West FL

Zip
33040

Country
USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

12-9-97

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

Marshall L Smith

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

513 Fleming St.

Suite, Apt. #, Etc.

City

Key West

State
FL

Zip Code

33040

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

Mx ST

REGISTERED AGENT MUST SIGN

Date 4-4-03

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 |
|--------|--------------------------------------|---|--------------------|
| P | Marshall L. Smith | 513 Fleming St | Key West FL 33040 |
| VP | Dennis Magers | 513 Fleming St | |
| | | | |
| | | | |
| | | | |

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

Mx ST

Date 4-4-03

Daytime Phone # 305 294-2904

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)