

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -8 PM 5:35

1. DOCUMENT # L00000015828  
Name and Mailing Address

0014937 01 AB 0.301 \*\*AUTO T6 1 0615 32601-531122  
HATCHER INVESTMENT LLC  
222 N.E. 1ST STREET  
GAINESVILLE FL 32601-5311



2. New Mailing Address 9125 SW 1ST PL		4. State/Country of Formation FL	
City, State, Zip GAINESVILLE FL 32607		5. Date Organized or Qualified To Do Business in Florida 12/15/2000	
Principal Place of Business 222 N.E. 1ST STREET GAINESVILLE FL 32601	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3694428	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BOLTON, JOE W 222 N.E. 1ST STREET GAINESVILLE FL 32601	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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: *Joe Bolton* REGISTERED AGENT MUST SIGN Date: 12-2-03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HATCHER, LAMAR JR.	2516 NW 43RD ST.	GAINESVILLE FL 32608
MGR	CURBOW, E. H	10333 S.W. 55TH PLACE	GAINESVILLE FL 32608
MGR	HATCHER, BETSY	44 PRESENTATION ROAD #1	BRIGHTON MA 02135

REINSTATEMENT 800024294158  
10/30/03--01058--015 \*\*150.00

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: *Betsy Hatcher* REGISTERED AGENT MUST SIGN Date: 10-28-03 Daytime Phone #: 352-3782935  
Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)