

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2011 FEB 25 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO1000020337

1. Limited Liability Company's Name
Huater's LLC.
LO1000020337

2. Principal Office Address - No P.O. Box # <u>1201 Periwinkle place</u>		3. Mailing Office Address <u>4235 West Gulf Dr</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Sanibel FL</u>		City & State <u>Sanibel (FL)</u>	
Zip <u>33957</u>	Country <u>USA</u>	Zip <u>33957</u>	Country <u>USA</u>

4. State/Country of Formation
FL, USA

5. Date Organized or Qualified To Do Business in Florida
Dec 28, 2001

6. FEI Number
010567573

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

Applied For
 Not Applicable

8. Name and Address of Current Registered Agent

Name
James A. Frizzell

Street Address (P.O. Box Number is Not Acceptable)
4235 West Gulf Drive

Suite, Apt. #, Etc.

City
Sanibel, FL State FL Zip Code 33957

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

Signature of Registered Agent James A. Frizzell Date 2/24/12

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
<u>Manager</u>	<u>James A. Frizzell</u>	<u>4235 West Gulf Drive</u>	<u>Sanibel FL 33957</u>

J. SAULSBERRY
EXAMINER

FEB 25 2011

REINSTATEMENT
2010-11

11. E-mail Address: _____ (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 James A. Frizzell, MD Date 2/24/12 Daytime Phone # 239-395-9161

Typed or printed name of signing Managing Member/Manager _____