

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 31 AM 9:46

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000051645

1. Limited Liability Company's Name

HKS, LLC

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

17815 Sunrise Dr

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33549

Country

USA

3. Mailing Office Address

17815 Sunrise Dr

Suite, Apt. #, etc.

City & State

LUTZ, FL

Zip

33549

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

07/09/2004

6. FEI Number

04-3795828

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
Susan K Hubbard

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

17815 Sunrise Dr

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

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

Susan K Hubbard
REGISTERED AGENT MUST SIGN

Date 01/29/2007 *[Signature]*

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
MGRM	Susan K Hubbard	17815 Sunrise Dr	LUTZ, FL 33549
			700087499577 02/06/07 01046 007 **150.00
			REINSTATEMENT 05-07

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

Susan K Hubbard

Date 01/29/2007

Daytime Phone # 813-870-0084

Typed or printed name of signing Managing Member/Manager

SUSAN K HUBBARD