

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 23 PM 11:02

DOCUMENT # **L99000000620**

1. Limited Liability Company's Name

HC ACQUISITION, L.L.C.

2. Principal Office Address

101 W. PALMETTO

Suite, Apt. #, etc.

City & State

ARCADIA, FL

Zip

34266

Country

USA

3. Mailing Office Address

101 W. PALMETTO

Suite, Apt. #, etc.

City & State

ARCADIA, FL

Zip

34266

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3554816

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

HAROLD D. HOLDER, JR.

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

15333 FLIGHT PATH DRIVE

Suite, Apt. #, Etc.

City

BROOKSVILLE

State  
**FL**

Zip Code  
34604

600003458126 - 8  
-11/09/00--01020--014  
\*\*\*155.00 \*\*\*155.00

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

Date 10-16-00

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
(MANAGING MEMBER)	HAROLD D. HOLDER, JR.	15333 FLIGHT PATH DRIVE	BROOKSVILLE, FL 34604

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

Date 10-16-00

Daytime Phone # 352-799-8882

Typed or printed name of signing Managing Member/Manager

HAROLD D. HOLDER, JR.

CR:EO41 (9/99)