PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR 10 PM 4:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (1/07)

DOCUMENT # L99000000620

1. Limited Liability Company's Name
HC Acquisition, LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1201 W. OAK ST.	1201 W. OAK ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ARCADIA FL	ARCADIA, FL
Zip 34266 Country USA	Zip 34266 Country USA

4. State/Country of Formation: FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida: Feb 3 1999

6. FEI Number: 593554816 ☐ 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: HAROLD D HOLDER, JR
Street Address (P.O. Box Number is Not Acceptable): 1201 W. OAK ST.
Suite, Apt. #, Etc.:
City: ARCADIA State: FL Zip Code: 34266

☒ 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: [signature] Date: April 5, 2007
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
MGRM	Harold D Holder Jr	1201 W. OAK ST	ARCADIA FL 34266

400096494994
04/11/07--01033--009 **205.00

REINSTATEMENT
04-07

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: [signature] Date: 4-5-07 Daytime Phone #: 813-335-0072

Typed or printed name of signing Managing Member/Manager: Harold D Holder Jr MGRM