

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF REVENUE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00000010398

FILED

1. DOCUMENT # L00000010398

Name and Mailing Address

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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HURN ENTERPRISES, LLC  
342 DEVON PLACE  
HEATHROW FL 32746-5038



|   |  |  |  |
|---|--|--|--|
| 2. New Mailing Address<br>1672 Kersley Circle<br>Heathrow, FL 32746                     |  | 4. State/Country of Formation<br>FL  |  |
| Principal Place of Business<br>342 DEVON PLACE<br>HEATHROW FL 32746                     |  | 5. Date Organized or Qualified To Do Business in Florida<br>08/29/2000   |  |
| 3. New Principal Place of Business Address<br>1672 Kersley Circle<br>Heathrow, FL 32746 |  | 6. FEI Number<br>59-3667462  |  |
|   |  | 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<br>MARTIN, MIRTHA V CPA<br>1321 ARBOR VISTA LOOP #7-125<br>LAKE MARY FL 32746 |  | 9. Name and Address of New Registered Agent<br>Name: MIRTHA VALDES MARTIN, CPA<br>Street Address (P.O. Box Number is Not Acceptable): 420 SOUTH COUNTRY CLUB RD<br>City: LAKE MARY FL 32746 |  |
|---|--|---|--|

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: SIGNATURE REQUIRED, CPA Date: 11/7/03

REGISTERED AGENT MUST SIGN

| 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                      |
| CEO  | HURN, CHRISTOPHER G               | 342 DEVON PLACE<br>1672 Kersley Circle         | HEATHROW FL 32746<br>Heathrow, FL 32746 |
| PCEO   | ELIZABETH SHANNON HURN            | 342 DEVON PLACE<br>1672 Kersley Circle         | HEATHROW FL 32746<br>Heathrow, FL 32746 |
| 000024653420<br>11/13/03--01084--005 **150.00                  |                                   |  |   |
| REINSTATEMENT 03 / AL  |                                   |  |   |

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: SIGNATURE REQUIRED Date: 11-07-03 Daytime Phone #: 407-949-0732

Typed or printed name of signing Managing Member/Manager