

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000015640

1. Limited Liability Company's Name

HCH HOLDINGS, LLC

FILED

2012 APR -4 PM 3 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700227022897
04/02/12--01016--001 **680.00

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 2835 HWY 60 E		3. Mailing Office Address PO BOX 428	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BARTOW, FL		City & State BARTOW, FL	
Zip 33830	Country US	Zip 33831	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 12/18/2000	
6. FEI Number 58-2590271	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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			
Name KENNEDY M. HEIDEL			
Street Address (P.O. Box Number is Not Acceptable) 2835 HWY 60 E			
Suite, Apt. #, Etc.			
City BARTOW	State FL	Zip Code 33830	

E-mail Address:

matt@kmrconcrete.com

(To be used for future annual report notices)

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 **3/27/12**

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
MGR	KENNEDY M. HEIDEL	2835 HWY 60 E	BARTOW, FL 33830
MGR	KERRY L. HAMMOCK	2835 HWY 60 E	BARTOW, FL 33830

REINSTATEMENT

09/12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date **3/27/12** Daytime Phone # **863-519-9077**

Typed or printed name of signing Managing Member/Manager **KENNEDY M. HEIDEL**