

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**L00000015640**

**FILED**

1. DOCUMENT # L00000015640  
 Name and Mailing Address

03 FEB 13 AM 11:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

0006647 01 FP 0.352 \*\*PRST TO 0 0615 33831-188181  
 HCH HOLDINGS, LLC  
 P.O. BOX 1881  
 BARTOW FL 33831-1881



2. New Mailing Address P.O. Box 1881 City, State, Zip BARTON, FLORIDA 33831-1881		4. State/Country of Formation FL	
Principal Place of Business 2835 HWY. 60 EAST BARTOW FL 33830		5. Date Organized or Qualified To Do Business in Florida 12/18/2000	
3. New Principal Place of Business Address 2835 STATE RD 60 EAST City, State, Zip BARTON, FLORIDA 33830		6. FEI Number 58-2590271 Applied For Not Applicable	
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Roy CASLTON Street Address (P.O. Box Number is Not Acceptable) <del>1244 CINNAMON TERR</del> P.O. Box 1881 Bartow, FL City MARTINEA GA 30062 FL Zip Code 33831			
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 <i>[Signature]</i> Date 1/20/2003 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
VP S	HEIDEL, KENNEDY M	1987 HWY. 17 SOUTH	BARTOW FL 33830
VP	HAMMOCK, KERRY L	P.O. BOX 1099	BARTOW FL 33831
PRES.	CASELTON, ROY	P.O. BOX 707	PALMETTO GA 30268
		000009954310 01/08/03--01044--003 **200.00	
		REINSTATEMENT 2002-2003	
		THOMAS	

CR2E084 (8/02)

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]* Date 1/20/2003 Daytime Phone # 404 391 9551  
 Typed or printed name of signing Managing Member/Manager