
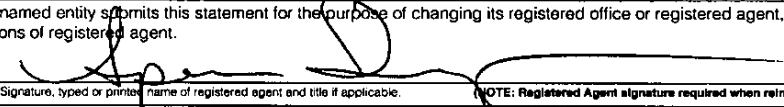
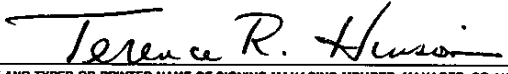


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000000266 1. Entity Name HINSON REALTY, LLC					
Principal Place of Business 1540 SOUTH ADAMS STREET TALLAHASSEE, FL 32301 US			Mailing Address 1540 SOUTH ADAMS STREET TALLAHASSEE, FL 32301 US		
2. Principal Place of Business 1100 South Monroe St Suite, Apt. #, etc.		3. Mailing Address 1100 South Monroe St Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32301 Country US		City & State Tallahassee, FL Zip 32301 Country US		4. FEI Number 30-0018582	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent INGRAM, SPENCER A 118 SALEM CT. TALLAHASSEE, FL 32301					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 5/3/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME HINSON, TERENCE R		TITLE Change	NAME 1100 South Monroe Street	
STREET ADDRESS 1540 S. ADAMS ST.	CITY-ST-ZIP TALLAHASSEE, FL 32301		STREET ADDRESS Tallahassee, FL 32301	CITY-ST-ZIP	
TITLE Change	NAME 100054304091		STREET ADDRESS 05/12/05--01005--022 **100.00		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE Change	NAME Change		STREET ADDRESS Change		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE Change	NAME Change		STREET ADDRESS Change		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			5/3/05 224.4775		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

FILED
 05 MAY -4 AM 10:41
 SECRETARY OF STATE
 TALLAHASSEE, FL 32301



05032005 REIN-LLC CR2E101 (6/04)