L02000016067

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

LL 07/28/04

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DOCUMENT # L02000016067

1. Limited Liability Company's Name
HUNTER CREEK PLAZA LLC

REINSTATEMENT 2003-2004

2. Principal Office Address	3. Mailing Office Address
4591 Southwestern Blvd	4591 Southwestern Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hamburg, NY	City & State: Hamburg, NY
Zip: 14075-1946 Country: Erie	Zip: 14075-1946 Country: Erie

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 6/26/02

6. FEI Number: 55-0795577 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Ave.

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Janita Mahaney Asst Secretary Date: 05/21/2004
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Manager	Gerald Filipiak	4591 Southwestern Blvd	
		Suite 1	Hamburg NY 14075
Manager	Lee Webber	4591 Southwestern Blvd	
		Suite 1	Hamburg NY 14075
REINSTATEMENT		2003-2004	

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: x Gerald Filipiak Date: 5/24/04 Daytime Phone #: 716-649-3012

Typed or printed name of signing Managing Member/Manager: Gerald Filipiak