


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L02000022453
Name and Mailing Address

0005519 01 AT 0.292 **AUTO T2 2 0615 33071-815048
HUNTER VENTURE CAPITAL, LLC
48 SW 114TH TERRACE
CORAL SPRINGS FL 33071-8150

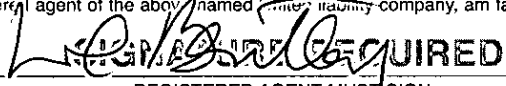
700025265347
12/08/03--01003--018 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 48 SW 114TH TERRACE CORAL SPRINGS FL 33071		5. Date Organized or Qualified To Do Business in Florida 08/29/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For 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 AUGUST & KULUNAS, P.A. 250 AUSTRALIAN AVENUE SOUTH SUITE #1100 WEST PALM BEACH FL 33401		9. Name and Address of New Registered Agent Name Carol Bentley Address (P.O. Box Number is Not Acceptable) 48 SW 114th Terrace City Coral Springs FL Zip Code 33071	
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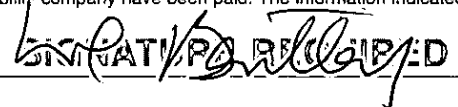
10. I, being appointed the registered agent of the above named company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 12/01/03

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
MGR	BENTLEY, CAROL	48 SW 114TH TERRACE	CORAL SPRINGS FL 33071

REINSTATEMENT 03
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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  Date 12/01/03 Daytime Phone # 954-796-4172

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)