

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -1 AM 8:34

DOCUMENT # L02000022767

1. Limited Liability Company's Name

HOC, LLC

2. Principal Office Address

8 PORTLAND COURT
Suite, Apt. #, etc.

City & State

ST. LOUIS MO

Zip

63018

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

9/3/02

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LOIS REID CLEMENTE

Street Address (P.O. Box Number is Not Acceptable)

6606 20TH STREET

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32966-7902

REINSTATEMENT 03-05

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-24-05

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
MGRM	CHARLES T. JANDOUREK	8 PORTLAND COURT	ST. LOUIS MO 63108

188846364691
02/10/05--01012--022 **250.00

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

[Signature]

Date

1/20/05

Daytime Phone #

314-961-7152

Typed or printed name of signing Managing Member/Manager CHARLES T. JANDOUREK

CR2E041 (10/02)