

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

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026415

Name and Mailing Address

0003106 01 AT 0.292 **AUTO T4 0 0615 32771-951800



HORSTMAYER'S HHH PRODUCTS, LLC
200 STEEPLE CHASE CIRCLE
SANFORD FL 32771-9518



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/02/2002	
Principal Place of Business 200 STEEPLE CHASE CIRCLE SANFORD FL 32771 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent PREEST, JUDITH N 200 STEEPLE CHASE CIRCLE SANFORD FL 32771		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 Street Address (P.O. Box Number is Not Acceptable) 800024267678 10/30/03--01012--009 **150.00 City FL Zip Code			
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> REGISTERED AGENT MUST SIGN		Date 10-25-03	
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
MGRM	PREEST, JUDITH N	200 STEEPLE CHASE CIRCLE	SANFORD FL 32771

CR2E084 (7/03)

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 10-25-03 Daytime Phone # 407 330 9916

Typed or printed name of signing Managing Member/Manager