

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
**L020 DDD 26898**

1. DOCUMENT # L02000026898

Name and Mailing Address

0009586 01 AT 0.292 \*\*AUTO T5 2 0615 33625-550030



HUNTER REALTY LLC  
15030 SHAW ROAD  
TAMPA FL 33625-5500

03 DEC 29 PM 12:07  
12/8/04



US REINSTATEMENT 2007

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/11/2002	
Principal Place of Business 15030 SHAW ROAD TAMPA FL 33625-5500 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 61-1429217	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 <del>BRANHAM, LANCE R</del> 15030 SHAW ROAD TAMPA FL 33625	9. Name and Address of New Registered Agent Name JENNIFER BRANHAM Street Address (P.O. Box Number is Not Acceptable) 15030 SHAW RD. City TAMPA FL Zip Code 33625
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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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-26-03

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	BRANHAM, LANCE R	15030 SHAW ROAD	TAMPA FL 33625-5500
MGR	BRANHAM, JENNIFER A	15030 SHAW ROAD	TAMPA FL 33625-5500
		100025813521 12/29/03--01050--017 **150.00	
		2003	
REINSTATEMENT			

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 REQUIRED

Date 12/26/03 Daytime Phone # 813-263-2877

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)