


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000021387</b>		
1. Entity Name HODOO L'ADONAL, L.L.C.		

FILED  
2004 DEC -9 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 604 SOUTH MAIN STREET TROY, ID 83871	Mailing Address 676 WEST PULLMAN ROAD #217 MOSCOW, ID 97015
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2. Principal Place of Business		3. Mailing Address P.O. Box 91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Troy Idaho	
Zip	Country	Zip 83871	Country USA

11112004 REIN-LLC CR2E101 (6/04)

4. FEI Number 912192648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  BAXLEY, MILTON H II 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City, FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	managing member Ruby Fleming P.O. Box 1191 Sandy OR 97055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ruby Fleming  
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #