PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 14 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

300068101023
03/20/06--01019--023 **150.00
CR2E041 (8/05)

3/14

M. HODG

DOCUMENT # L03000029610

1. Limited Liability Company's Name
Hearken Properties, LLC
P

2. Principal Office Address	3. Mailing Office Address
403 Druid Hill Rd	POBx 16515
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fl	City & State: Tampa, Fl
Zip: 33617 Country: USA	Zip: 33687-6515 Country: USA

4. State/Country of Formation: Fl/USA
5. Date Organized or Qualified To Do Business in Florida:
6. FEI Number: [X] Applied For [ ] Not Applicable
7. CERTIFICATE OF STATUS DESIRED [ ]

8. Name and Address of Current Registered Agent
Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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] Date: 1/12/06
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Pres	Kenneth R Goyens	403 Druid Hills Rd	Tampa, Fl 33617
VPres	Charlayne L. Goyens	403 Druid Hills Rd	Tampa Fl 33617

mgrm mgrm

REINSTATEMENT 2004 - 2005
Without Penalty

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 608.408, 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: 1/6/2006 Daytime Phone # 813 389 8233

Typed or printed name of signing Managing Member/Manager: Kenneth R. Goyens