


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:20

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS.

**DOCUMENT #** L03000034669  
1. Limited Liability Company's Name  
**HUNTER HARDWOODS**

800060853618  
10/21/05--01026--023 \*\*\$50.00  
CR2E041 (8/05)

2. Principal Office Address  
**10970 CAMERON G.**  
Suite, Apt. #, etc.  
**101**  
City & State:  
**DAVIE, FL**  
Zip  
**33324** Country  
**USA**

3. Mailing Office Address  
**P.O. Box 550459**  
Suite, Apt. #, etc.  
City & State:  
**DAVIE, FL**  
Zip  
**33325** Country  
**USA**

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  
**90-0109562**  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  
**MANUEL M. ARVESU ESP**

Street Address (P.O. Box Number is Not Acceptable)  
**201 ALHAMBRA CIR. #502**

Suite, Apt. #, Etc.

City  
**CORAL GABLES** State  
**FL** Zip Code  
**33034**

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  Date **10/15/05**

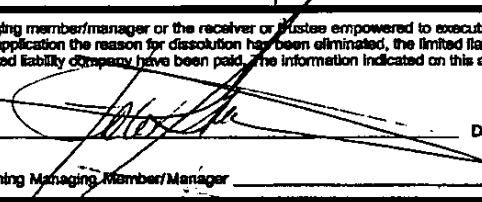
REGISTERED AGENT MUST SIGN

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
MGR	RONALD GOLDSTEIN	10970 CAMERON G. #101	DAVIE, FL 33324
MGR/M	ROBERT GOLDSTEIN	2901 SW 86 WAY	DAVIE, FL 33328

**REINSTATEMENT 04-05**

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 taxes 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  Date **10/15/05** Daytime Phone # **934-684-5171**

Typed or printed name of signing Managing Member/Manager