

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

3. Mailing Office Address

P.O. Box 550459  
Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

City & State:

DAVIE, FL

City & State:

DAVIE, FL

6. FEI Number

90-0109562

Applied For  
 Not Applicable

Zip

33324

Country

USA

Zip

33325

Country

USA

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

*[Signature]*

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

*[Signature]*

Date

10/15/05

Daytime Phone #

934-684-5171

Typed or printed name of signing Managing Member/Manager