

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000028876

1. Entity Name  
FHK OF PASCO, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:45

Principal Place of Business  
11310 GRANDVIEW DRIVE  
DADE CITY, FL 33525

Mailing Address  
11310 GRANDVIEW DRIVE  
DADE CITY, FL 33525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112005 REIN-LLC CR2E101 (6/04)

4. FEI Number

20-1044574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUNSFORD, TINA ESQ  
100 SOUTH ASHLEY DRIVE, S TE. 1500  
WACHOVIA CENTER  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

WALI U. KHAN

Street Address (P.O. Box Number is Not Acceptable)

11310 GRANDVIEW DRIVE

City

DADE CITY

FL

Zip Code

33525

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

Wali U. Khan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/20/05

FILE NOW!!! FEE IS \$50.00  
After January 1, 2006, 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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME DUNSFORD, TINA ESQ ☒ Delete  
STREET ADDRESS 100 S. ASHLEY DR., STE. 1500  
CITY-ST-ZIP WACHOVIA STR.  
TAMPA, FL. 33602

TITLE ☒ Change ☐ Addition  
NAME WALI KHAN  
STREET ADDRESS 11310 GRANDVIEW DR  
CITY-ST-ZIP DADE CITY, FL. 33525

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 500060900755  
STREET ADDRESS 10/25/05--01005--006  
CITY-ST-ZIP \*\*\$50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME REINSTATEMENT 2005  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Wali U. Khan

10/20/05 813-244-5131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #