

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00
9-16-08

FILED

2007 MAR -7 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000034846**

1. Limited Liability Company's Name

HUNTER CHALLENGER HOLDINGS, L.L.C.

2. Principal Office Address - No P.O. Box #
11052 CHALLENGER AVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ODESSA, FL

City & State

Zip
33556

Country
USA

Zip

Country

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida **5/06/2004**

6. FEI Number
NONE

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
KEVIN S DEMERS

Street Address (P.O. Box Number is Not Acceptable)
4939 FLORIMAR TERR, # 704

Suite, Apt. #, Etc.
NEW PORT RICHIE

City
FL

State
FL

Zip Code
34652

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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]

REGISTERED AGENT MUST SIGN

Date **2/16/2007**

[Signature]

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	KEVIN S DEMERS	11052 CHALLENGER AVE	ODESSA, FL 33556
			400092363614
			03/13/07--01021--018 **250.00
			REINSTATEMENT
			05-07

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 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 **2/16/2007**

Daytime Phone # **727 488 5546**

Typed or printed name of signing Managing Member/Manager