

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000024703

Entity Name: HDK, LLC

**FILED**  
**Oct 07, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

422 7TH STREET  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

2504 EMBASSY DRIVE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

422 7TH STREET  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

2504 EMBASSY DRIVE  
WEST PALM BEACH, FL 33401

FEI Number: 76-0820168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KOEPEL, JOEL P  
525 SOUTH FLAGLER DRIVE, SUITE 200  
WEST PALM BEACH, FL 33401      US

**Name and Address of New Registered Agent:**

KAY, HOWARD B  
2504 EMBASSY DRIVE  
WEST PALM BEACH, FL 33401      US

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.

SIGNATURE: HOWARD B. KAY, DDS

10/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: KAY, HOWARD B DDS  
Address: 2504 EMBASSY DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HOWARD B. KAY, DDS

MGRM

10/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date