2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# L06000084715

Entity Name: H.K.N.C., LLC

Current Principal Place of Business:

11251 CAMPFIELD DRIVE
UNIT #3310
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

10609 JORICK RD
JACKSONVILLE, FL 32225 US

Current Mailing Address:

P O BOX 41285
JACKSONVILLE, FL 322031285 US

New Mailing Address:

10609 JORICK RD
JACKSONVILLE, FL 32225 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

SMALL BUSINESS ASSOCIATES INC
4070 HERSCHEL STREET
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

ALEXANDER, NIZAM H MGR
10609 JORICK RD
JACKSONVILLE, FL 32225 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: NIZAM HASHEEM ALEXANDER 01/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALEXANDER, NIZAM H
Address: 11251 CAMPFIELD DRIVE, UNIT #3310
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALEXANDER, NIZAM H
Address: 10609 JORICK RD
City-St-Zip: JACKSONVILLE, FL 32225 US

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: NIZAM HASHEEM ALEXANDER MGR 01/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date