

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2010 DEC 10 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 206000095637

1. Limited Liability Company's Name

HCHW, LLC

2. Principal Office Address - No P.O. Box #

1618 MAHAN CENTER BLVD, SUITE 103

Suite, Apt. #, etc

SUITE 103

City & State

TALL FL

Zip

32308

Country

LEON

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

205-698700

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

PALMER, WALDO H. JR.

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

SAME

Suite, Apt. #, Etc.

City

State

FL

Zip Code

000188573000  
12/10/10--01002--004 \*\*377.50

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

Waldo Palmer Jr.

REGISTERED AGENT MUST SIGN

Date 12/10/10

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
<u>MGR</u>	<u>PALMER, WALDO H. JR.</u>	<u>SAME</u>	

**REINSTATEMENT**  
09-10

J. SAULSBERRY  
EXAMINER

DEC 10 2010

11. E-mail Address

HAROLD HARCON @ GMAIL.COM

(To be used for future annual report notifications)

12. 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

Waldo Palmer Jr.

Date 12/10/10

Daytime Phone # 850-556-2614

Typed or printed name of signing Managing Member/Manager

WALDO H. PALMER JR.