

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

13 SEP -3 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO6-95637

1. Limited Liability Company's Name

HCHW, LLC

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

1618 MARKET CENTER

Suite, Apt. #, etc.

3. Mailing Office Address

BLVD

Suite, Apt. #, etc.

SUITE 103

City & State

TALL

City & State

FLORIDA

Zip

Country

Zip

Country

32308

USA

CR2E041 (1/11)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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)

1618 MARKET CENTER BLVD, SUITE 103

Suite, Apt. #, etc.

City

TALL

State

FL

Zip Code

32308

E-mail Address:

900251339109
09/04/13--01002--003 **521.25

(To be used for future annual report notices)

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

9/3/13

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>mm</u>	<u>WALDO H. PALMER JR.</u>	<u>1618 MARKET CENTER BLVD</u> <u>SUITE 103</u>	<u>TALL FL 32308</u>

[Signature]

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

9/3/13

Daytime Phone #

850-947-6000

Typed or printed name of signing Managing Member/Manager