

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV -4 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000118425

1. Limited Liability Company's Name

Hosmer Farrow LLC

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

800 Laurel Oak Drive

Suite, Apt. #, etc.

600

City & State

Naples, FL

Zip

34108

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name **HL Statutory Agent, Inc.**

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

800 Laurel Oak Drive

Suite, Apt. #, Etc.

600

City

Naples

State

FL

Zip Code

34108

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

Jeanne L. Scavold

Date **10-29-10**

REGISTERED AGENT MUST SIGN

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	Dawn Searchfield	4720 Archean Way#100	Raleigh, NC 27616

11. E-mail Address: althomas@hahnlaw.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

Dawn Searchfield / ABT

Date **10/29/2010**

Daytime Phone # **239/254-2934**

Typed or printed name of signing Managing Member/Manager **Dawn Searchfield/ by Anne Thomas/Agent**



Anne B. Thomas

Direct Phone: 239.254.2934
Fax: 239.592.7716
Email: athomas@hahnlaw.com



October 29, 2010

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed for processing please find our restatement form along with our firm check in the amount of \$382.50 to pay the filing fees.

Please provide me with a Certificate of Status as soon as convenient.

Should you have any questions or need anything further, please do not hesitate to call me.

Sincerely,

HAHN LOESER & PARKS, LLP

Anne B. Thomas, FRP
Florida Registered Paralegal

Enclosure(s)

10 NOV -4 AM 0:00
TALLAHASSEE, FLORIDA
FILED

IRS CIRCULAR 230 DISCLOSURE

In compliance with requirements imposed by the Internal Revenue Service, we inform you that any Federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding any penalties under the Internal Revenue Code, or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

HAHN LOESER & PARKS LLP attorneys at law

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