PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR - AM 9: 29			
DOCUMENT # L98000002482 1. Limited Liability Company's Name HRW HOLDINGS, LLC .				afins	Tatement		
31 W	al Office Address HISPERING OAKS CIR		3. Mailing Office Address		4. State/Country of Formation — FLORIDA		
Suite, Apt. #; etc.		-Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 10/29/1998			
City & State WEST PALM BEACH, FL		City & State		6. FEI Number 65-0875464 Applied For			
Zip 33411	Country	Zip	Country	7.	\$5.00 Ad	Not Applicable ditional Fee required ertificate of Status	
8. Name and Address of Current Registered Agent							
Name ARTHUR M. LICHTMAN, C.P.A.							
	Street Address (P.O. Box Number is Not Acceptable) 12773 WEST FOREST HILL BLVD.						
	Suite, Apt. #, Etc. 203						
	City WELLINGTON				State Zip Code FL 33414		
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 Date 2/28/05 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		
MGRM	MELINDA BUSH		31 WHISERING OAKS CIRCLE		WEST PALM BEACH, FL 33411		
			··· <u>·</u> ···				
				03/09/0	<u> </u>	*250.00	
<u>s.</u>							
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.							
Signature of Managing Member/Manager Littlian m Justime Date 2/5/05 Daytime Phone # 561 792-2008 Typed or printed name of signing Managing Member/Manager A-thur m Lichtman							
Typed or printed name of signing Managing Member/Manager ATMUT M LICH (MEN							