


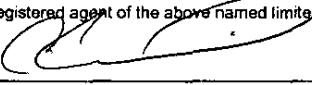
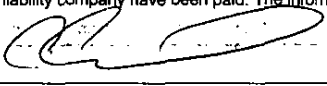
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 14 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100032505931
04/13/04--01016--008 **300.00

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000000416			
1. Limited Liability Company's Name H Kealoha, L.L.C.			
2. Principal Office Address 2251 Blount Road Suite, Apt. #, etc. City & State Pompano Beach, FL Zip 33069 Country USA		3. Mailing Office Address 2251 Blount Road Suite, Apt. #, etc. City & State Pompano Beach, FL Zip 33069 Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 1-14-99	
6. FEI Number 650896033		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Charles P. Reid			
Street Address (P.O. Box Number is Not Acceptable) 2251 Blount Road			
Suite, Apt. #, Etc.			
City Pompano Beach		State FL	Zip Code 33069
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 2/24/04	
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	Charles P. Reid	2251 Blount Road	Pompano Bch, FL 33069
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 608.408, 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 		Date 2/24/04 Daytime Phone # 954 977-4211	
Typed or printed name of signing Managing Member/Manager			

CR2E041 (10/02)