

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000000620

Name and Mailing Address

0011117 01 AT 0.292 \*\*AUTO TO 0 0615 34266-331301



HC ACQUISITION, L.L.C.  
1201 W OAK ST  
ARCADIA FL 34266-3313



2. New Mailing Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 02/03/1999

Principal Place of Business  
1201 W OAK ST  
ARCADIA FL 34266

3. New Principal Place of Business Address  
City, State, Zip

6. FEI Number  
59-3554816

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

HOLDER, HAROLD D JR.  
6 S PARKER AVENUE  
ARCADIA FL 34266

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HOLDER, HAROLD D JR.	6 S PARKER AVENUE	ARCADIA FL 34266

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11/13/03--01051--020 \*\*150.00

REINSTATEMENT 03

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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

*[Signature]*  
SIGNATURE REQUIRED

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager