


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000004715		
1. Entity Name FL HUNTER REALTY CO. LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -4 PM 1:38

Principal Place of Business 2845 N MILITARY TRAIL W PALM BEACH, FL 33409	Mailing Address 2845 N MILITARY TRAIL W PALM BEACH, FL 33409
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address 901 Northpoint Pkwy Suite 200 City & State West Palm Beach, FL Zip 33407	Country Palm Beach
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10212008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent GUPTA, RAM 2845 N MILITARY TRAIL W PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Strategic Realty Services, LLC Street Address (P.O. Box Number is Not Acceptable) 901 Northpoint Pkwy - Suite 200 City West Palm Beach FL Zip Code 33407	
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 10/23/08

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUPTA, RAM 2845 N MILITARY TRAIL W PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500137492915 10/30/08--01045--006 **238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____	DATE 10/23/08	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		