

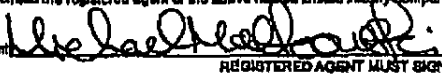
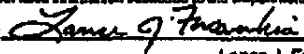
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1st 2 pages -
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M10000004284			
1. Limited Liability Company's Name HCTec, LLC			
2. Principal Office Address - No P.O. Box # 7105 S. Springs Dr. Suite, Apt. #, etc. Suite 208 City & State Franklin, TN Zip 37067		3. Mailing Office Address 7105 S. Springs Dr. Suite, Apt. #, etc. Suite 208 City & State Franklin, TN Zip 37067	
Country U.S.A.		Country U.S.A.	
4. State/Country of Formation TN			
5. Date Organized or Qualified To Do Business in Florida 01/01/00			
6. FEI Number 27-1702813		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			
Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Michael Malkowski REGISTERED AGENT MUST SIGN Vice President Date 4/2/2014			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	William D. Bartholomew	7105 S. Spring Dr. Suite 208	Franklin, TN 37067
MGR	Lance J. Fusacchia	7105 S. Spring Dr. Suite 208	Franklin, TN 37067
11. E-mail Address: lfusacchia@hctec.com			
(To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to conduct this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been addressed, the limited liability company name satisfies the requirements of section 605.012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.065, F.S. Signature of Authorized Representative/Manager  Date 4/2/14 Daytime Phone # 815-313-4208 Typed or printed name of signing Authorized Representative/Manager Lance J. Fusacchia			

R9 4/2/14

4/2/2014 14:32:10 From: To: 8506176384

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2 of 2 pages
(1/2)
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DIVISION OF CORPORATIONS
Page 1 of 1

14 APR -2 PM 4:22

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HCTEC, LLC

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