M97000000204

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR -2 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/07/04--01041--002 **200.00

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97000000204

1. Limited Liability Company's Name
Hughes Capital Investors, L.L.C.

07

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 24 La Vista Drive | | 24 La Vista Drive | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State: Ponte Vedra, FL | | City & State: Ponte Vedra, FL | |
| Zip: 32082 | Country: USA | Zip: 32082 | Country: USA |

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 4/18/97

6. FEI Number: 59-3882536 ☐ 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: ~~CT 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 608, F.S.

Signature of Registered Agent: Connie Bryan — Date: 4-2-04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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 | J. Winder Hughes, III | 24 La Vista Drive | Ponte Vedra, FL 32082 |
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REINSTATEMENT 2003-2004

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: J. Winder Hughes III — Date: 3/16/04 — Daytime Phone#: 904-273-6718

Typed or printed name of signing Managing Member/Manager: J. Winder Hughes, III, Manager