

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02 MAR -7 PM 2: 39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L00000012092

1. Limited Liability Company's Name
 HMW ENTERPRISES, LLC

2. Principal Office Address
 701 Warren Dr.

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country

USA

3. Mailing Office Address

7701 Warren Dr.

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country

USA

2001-2002

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida 10/04/2000

6. FEI Number

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

Corporation Service Company

400005072944--7

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

1201 Hays Street

-03/08/02--01048--001

****205.00 ****205.00

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Edward T. Burke

Date

1/18/02

REGISTERED AGENT MUST SIGN EDWARD T. BURKE, AUTHORIZED REP.

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
Mgrm.	Richard V. Reikenis Global Housing Partners LLC	400 Clematis Street Suite 209	West Palm Beach, FL 33401
Mgrm.	Inversa, S.A.	Avenida Colonia Lomas del Guijarro, Tieno Galvan Media Cuadra Al Este Cartones	Instituto-del Sagrado Corazon Casa No. 3236 Tegucigalpa, Honduras

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

Richard V. Reikenis

Date

1-16-2002

Daytime Phone #

561-833-2446

Typed or printed name of signing Managing Member/Manager Richard V. Reikenis

CR2E041 (9/01)