

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -1 AM 11:11

DOCUMENT # L00000012092

1. Limited Liability Company's Name

GHP (HONDURAS) LLC

Handwritten initials and '07'

100163213571

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 631 US HIGHWAY ONE Suite, Apt. #, etc. SUITE 400 City & State NORTH PALM BEACH, FL Zip 33408		Country US		3. Mailing Office Address 631 US HIGHWAY ONE Suite, Apt. #, etc. SUITE 400 City & State NORTH PALM BEACH, FL Zip 33408		Country US	
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4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/4/2000	
6. FEI Number 65-1064104	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suite, Apt. #, Etc.			
City TALLAHASSEE	State FL	Zip Code 32301	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 /S/ Heather Chapman As Its Agent Date 12/01/2009

REGISTERED AGENT MUST SIGN

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	GLOBAL HOUSING PARTNERS, LLC	631 US HIGHWAY ONE, SUITE 400	NORTH PALM BEACH, FL 33408
REINSTATEMENT 2007-2009			

11. E-mail Address: _____ (To be used for future annual report notifications)

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 /S/ Richard V Reikenis Date 12/1/2009 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager RICHARD V REIKENIS



CORPORATION SERVICE COMPANY

L00000012092

ACCOUNT NO. : I20000000195

REFERENCE : 202016 4300479

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$516.25

ORDER DATE : November 30, 2009

ORDER TIME : 10:0 AM

ORDER NO. : 202016-005

CUSTOMER NO: 4300479

DOMESTIC FILINGS

NAME: GHP (HONDURAS), LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS

[Handwritten initials]

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 DEC - 1 AM 10:41

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