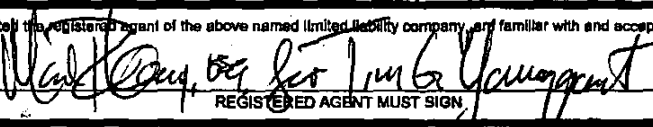
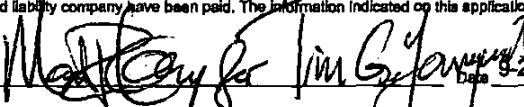


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # LL05000122713			
1. Limited Liability Company's Name HTP, LLC			
2. Principal Office Address - No P.O. Box # 15465 Pine Ridge Road Suite, Apt. #, etc.		3. Mailing Office Address 15465 Pine Ridge Road Suite, Apt. #, etc.	
City & State Fort Myers, Florida 33908		City & State Fort Myers, Florida 33908	
Zip 33908	Country USA	Zip 33908	Country USA
4. State/Country of Formation Fort Myers, Florida 33908		5. Date Organized or Qualified To Do Business in Florida 12-27-2005	
6. FEI Number		☒ Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		33.00 Add-on Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Tim G. Youngquist Street Address (P.O. Box Number is Not Acceptable) 15465 Pine Ridge Road Suite, Apt. #, Etc. City Fort Myers, Florida 33908 State FL Zip Code 33908			
☐ 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  Date September, 26, 2008 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Tim G. Youngquist	15465 Pine Ridge Road	Fort Myers, Florida 33908
MGRM	Harvey Youngquist	15465 Pine Ridge Road	Fort Myers, Florida 33908
MGRM	Paul McCullers	15465 Pine Ridge Road	Fort Myers, Florida 33908
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  Date 9-26-08 Daytime Phone # 239-344-0040			
Typed or printed name of signing Managing Member/Manager Mark R. Komray, Esq. as counsel for Tim G. Youngquist			

FILED
2008 SEP 25 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

09/25/08 - 01038-007- \$20.00
09/21/08 - 01029-020 **496.25