PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # LL05000122713

1. Limited Liability Company's Name

HTP, LLC

CR2E041 (10/08)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 15465 Pine Ridge Road | 15465 Pine Ridge Road |
| Suite, Apt. #, etc. | 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 ☐ $5.00 Additional 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: Mark Komray, Esq. for Tim G. Youngquist
REGISTERED AGENT MUST SIGN

Date: September, 26,2008

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 | 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 |
| | | 09/25/08-01038-007- #20.00 | |
| | | 08/21/08--01029--020 **496.25 | |
| | | | |

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: Mark Komray for Tim G. Youngquist 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