

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED

00 JAN -3 PM 10:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L92000000062

1. Limited Liability Company's Name

HPG, L.C.

2. Principal Office Address

5341 SW 91st Terrace

Suite, Apt. #, etc.

STE A

City & State

Gainesville, FL

Zip

32608

Country

USA

3. Mailing Office Address

5341 SW 91st Terrace

Suite, Apt. #, etc.

STE A

City & State

Gainesville, FL

Zip

32608

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/15/1992

6. FEI Number

59-3159082

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

300003096783-7

Name

Haile PLANTATION MAN.

-01/12/00--01094--17

***150.00 ***150.00

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

1200 SOUTH PINE 99-053 SW 44th Ave

Suite, Apt. #, Etc.

City

PLANTATION

Gainesville

State

FL

Zip Code

32608

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

[Signature]

Date 12-30-97

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
M	PLAYER, GARY	ONE ERIEVIEW PLAZA	CLEVELAND, OH
M	MILLAR, Wayne	5341 SW 91st TERR.	Gainesville, FL
M	BLOUNT, CHARLES L.	423 SW 93rd ST	Gainesville, FL
M	Rowe, Robert R.	5341 SW 91st TERR	Gainesville, FL
M	Haile PLANT. MANA.	3030 LBJ FWY STE 350	DALLAS TX

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

[Signature]

Date 12-30-97 Daytime Phone # 972-888-7319

Typed or printed name of signing Managing Member/Manager

KEVIN POWER