

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/17/06--01002--003 **260.00

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L92000000062

1. Limited Liability Company's Name

HPG, L.C.

nyk
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2. Principal Office Address 3030 LBJ Freeway		3. Mailing Office Address 3030 LBJ Freeway	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600	
City & State Dallas, Texas		City & State Dallas, Texas	
Zip 75234	Country USA	Zip 75234	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 <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" 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

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 *Terri Egan* **TERRI EGAN, AWP** Date **11-7-06**

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
Mgr	Douglas T. Howe	3030 LBJ Freeway, Ste. 600	Dallas, Texas 75234
Mgr	Jack Lupton	3030 LBJ Freeway, Ste. 600	Dallas, Texas 75234
Mgr	Thomas T. Henslee	3030 LBJ Freeway, Ste. 600	Dallas, Texas 75234
REINSTATEMENT 2005-2006			

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 *Thomas T. Henslee* Date **11/01/2006** Daytime Phone # **972-888-6260**

Typed or printed name of signing Managing Member/Manager **Thomas T. Henslee**