APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -4 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L97000000771

FL MS/HIIP GP, L.C.,
a Florida Limited Liabilty Company
16133 Ventura Blvd, #1400
Encino, CA 91436

If above mailing address is incorrect in any way, **line through incorrect information** and enter correction in Block 2a

1a. Principal Place of Business Address
James Griffin
1401 E. Broward Blvd, Ste. #302
Ft. Lauderdale, FL 33301

2 Principal Place of Business	2a. Mailing Address
James Griffin	Hearthstone
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1401 E. Broward Blvd,#302	16133 Ventura Blvd, #1400
City & State	City & State
Ft.Lauderdale, FL	Encino, CA
Zip / Country	Zip / Country
33301 / USA	91436 / USA

3. Date Organized or Qualified	3a. State of Formation
07/16/97	FL
4. FEI Number: 95-4660647	☐ Applied For ☐ Not Applicable
5. Date of Last Report: 01/27/98	6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

James Griffin
Victoria Park Center
1401 E. Broward Blvd., Ste. 302
Ft. Lauderdale, FL 33301

8. Name and Address of New Registered Agent

Name: n/a
Street Address (P.O. Box Number Is Not Acceptable):
Suite, Apt. #, etc.:
City: FL Zip Code:

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 2/12/99
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	HEARTHSTONE	16133 VENTURA BLVD, STE#1400	ENCINO, CA 91436

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-03/09/99--01070--003
****877.50 ****877.50

[illegible] 98-99
dcc

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 SEE ATTACHED SIGNATURE BLOCK---- Date _____ Daytime Phone # (818) 385-0005

Typed or printed name of signing Managing Member/Manager _____

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