

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 MAR -5 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #M10000004148

1. Limited Liability Company's Name
CT/HX, LLC

2. Principal Office Address - No P.O. Box # 6001 Pelican Bay Blvd		3. Mailing Office Address 6001 Pelican Bay Blvd	
Suite, Apt. #, etc. 604		Suite, Apt. #, etc. 604	
City & State Naples, FL		City & State Naples, FL	
Zip 34108	Country USA	Zip 34108	Country USA

CR2E041 (1/14)

4. State/Country of Formation
Maryland

5. Date Organized or Qualified To Do Business in Florida
09/21/2010

6. FEI Number
26-2580026

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Gilbert F. Morin

Street Address (P.O. Box Number is Not Acceptable)
6001 Pelican Bay Blvd

Suite, Apt. #, Etc.
604

City Naples	State FL	Zip Code 34108
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9. I hereby appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Gilbert F. Morin* Date **02/27/2014**

REGISTERED AGENT MUST SIGN **Gilbert F Morin**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Kevin P. Morin	6001 Pelican Bay Blvd, # 604	Naples, FL 34108
MGR	Michael J. Morin	6001 Pelican Bay Blvd, # 604	Naples, FL 34108
REINSTATEMENT			
MAR 5 2014			
R. HUNT			

11. E-mail Address: **clowery@morinllc.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *KPM* Date **02/27/2014** Daytime Phone # **301-939-2930**

Typed or printed name of signing Authorized Representative/Manager _____

Division of Corporations

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
CT/HX, LLC

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MAR 5 2014

R. HUNT

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