

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT #

1. Limited Liability Company's Name

M99000000079

HCap, LLC

2. Principal Office Address

3715 Northside Parkway

Suite, Apt. #, etc.

Bldg., 400, Suite 200

City & State

Atlanta, GA

Zip

30327

Country

Fulton

3. Mailing Office Address

3715 Northside Parkway

Suite, Apt. #, etc.

Bldg., 400, Suite 200

City & State

Atlanta, GA

Zip

30327

Country

Fulton

4. State/Country of Formation

Georgia

5. Date Organized or Qualified
To Do Business in Florida

1/7/99

6. FEI Number

58-2259309

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

NRAI Services, Inc.

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

526 East Park Avenue

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

AGSM *Hand* Assistant Secretary

Date 6/4/02

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
MGRM	The Hardin Group	3715 Northside Parkway	Atlanta, GA 30327

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

Date 4/30/02

Daytime Phone# 404-264-3500

Typed or printed name of signing Managing Member/Manager M. Brantley Barrow

02 JUN 11 PM 1:18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (9/01)

SIGNATURE PAGE FOR HCAP, LLC TO
FORM LLC-50.15

FILED
02 JUN 11 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HCAP, LLC
a Georgia limited liability company

By: The Hardin Group, LLC,
a Georgia limited liability company,
its sole member

By: THG, Inc., a Georgia corporation,
its managing member

By: 

Name: M. Brantley Barrow

Title: Vice President