

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # F97000001201

1. Corporation Name

HTR & L ENTERPRISES, INC.

REINSTATEMENT 01-06

2. Principal Office Address

1919 North Ashley

3. Mailing Office Address

1919 North Ashley

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valdosta, GA

City & State

Valdosta, GA

Zip

31602

Country

USA

Zip

31602

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1997

5. FEI Number

582261033

Applicant For:

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

DALE W. MORRIS

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date 10-27-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John H. Fondren, Jr.	26 Loganberry Circle	Valdosta, GA 31602
V	Don G. Munro	55272 Golf Dr.	Lake Park, GA 31636

900081432559
11/01/06--01041--003 **900.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S.; further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

LAW OFFICES
COLEMAN, TALLEY, NEWBERN, KURRIE, PRESTON & HOLLAND
A LIMITED LIABILITY PARTNERSHIP

WADE H. COLEMAN
GEORGE T. TALLEY
C. GEORGE NEWBERN
THOMPSON KURRIE, JR., P.C.
RICHARD L. COLEMAN
EDWARD F. PRESTON
WILLIAM E. HOLLAND, P.C.
R. CLAY POWELL
GREGORY T. TALLEY
RUSSELL D. HENRY
WILLIAM S. STEINBERG
TIMOTHY M. TANNER
JUSTIN S. SCOTT
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OF COUNSEL:
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B. LAMAR TILLMAN
(1912-1990)
HENRY T. BRICE
(1925-1976)

ATLANTA
7000 CENTRAL PARKWAY, N.E.
SUITE 1150
ATLANTA, GA 30328
W. HARRISON COLEMAN, JR.

October 30, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

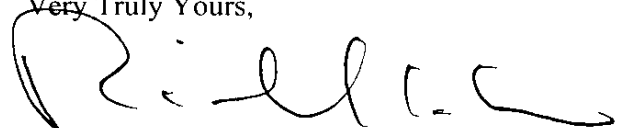
Re: Non-receipt of Annual Reports for MPD1, LLC

Dear Sir or Madam,

The above referenced entity was dissolved in 2001. As MPD1, LLC stopped receiving annual reports in 2001, we ask that the fees for 2001-2006 be waived dropping the reinstatement fees from \$1,500.00 to \$900.00.

Thank you very much for your cooperation in this matter.

Very Truly Yours,



Richard L. Coleman

RLC/jnr
Enclosure