

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 19 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011982

1. Limited Liability Company's Name

HICORP AMERICA LLC  
801 Brickell Ave. 9th Floor  
MIAMI, FL 33131

2. Principal Office Address

801 Brickell Ave  
Suite, Apt. #, etc.  
9th Floor

City & State  
MIAMI, FL

Zip  
33131

Country  
Dade

3. Mailing Office Address

SAME  
Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

8/1/01

6. FEI Number

65-1046745

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ERNESTO GONZALEZ

300004718153-9

-12/11/01--01026--003

\*\*\*150.00 \*\*\*150.00

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

2655 Le Jeune Road, Suite PH 2-B

Suite, Apt. #, Etc.

City

CONOL GABLES, FL

State

FL

Zip Code

33134

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

ET Gonzalez

REGISTERED AGENT MUST SIGN

Date

11/15/01

10. Names and Street Addresses of Managing Members/Managers

| Titles   | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager          | City / State / Zip     |
|----------|--------------------------------------|--|------------------------|
| <u>P</u> | <u>ALBERT G. HIRSCH</u>              | <u>801 Brickell Ave. 9th Fl.</u><br><u>MIAMI, FL 33131</u> | <u>MIAMI, FL 33131</u> |
|          |                                      |  |                        |
|          |                                      |  |                        |
|          |                                      |  |                        |
|          |                                      |  |                        |
|          |                                      |  |                        |

**REINSTATEMENT**

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

Albert G. Hirsch

Date

11/15/01

Daytime Phone #

305 755-7442

Typed or printed name of signing Managing Member/Manager

Albert G. Hirsch

CR2E041 (9/01)