PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B 4- B

C	ED LIABILIT OMPANY STATEMEN		Sec	EPARTMENT OF Cretary of State IN OF CORPORATION		04 JA	N 24	EDTILE		
DOCUMENT # L00000012092  1. Limited Liability Company's Name  GHP (Honduras) LLC						SECRETARY DE STATE STATE TALLAHASSHE FLORIDA				
2 Principa	al Office Address		3. Mailing Offic	e Address	<u>,,,,,,,,, </u>	1 1			(	
The first of the f							ate/Country of Formation			
Suite, Apt. #, etc. Suite, Apt. #, et				5. Dat			Date Organized or Qualified			
			City & State Jupiter,			To Do Business in Florida 10/04/		Applied X Not App	_	
Zip 33458	Country U.S.A.		<sup>Zip</sup> 33458	Country U.S.A.		7. CERTIFICATE OF STATUS DESIRED			Additional Fee : Certificate of S	required
			8. Nan	ne and Address of Cu	rent Register	red Agent				
9. t, being Signature o Registered	1201 Har Suite, Apt. #, Et City Tallaha:	ssee		ability company, am far Jeanine R as its a	eynolds	accept the obligat	State FL ions of Cl	Zip Code 32301–2525 hapter 608, F.S.	4	COSCAL (AUC)
10. Name	es and Street Addre	esses of Managing Mer	nbers/Managers	<u> </u>		<u> </u>				
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / State / Zip			
MGRM	P 411			400 Clematis Street Suite 209			West Palm Beach, FL 33401			
	R	EWSTA	TEME	M 20	-3ر		301	00276E	779	3
filing to all fee as if n	this reinstatement a is owed by the limite made under oath.	onlication the research in	r dissolution has be re been paid. The in	en eliminated, the limite iformation indicated on	ed liability com this application	pany name satisfie n is true and accurr	s the requate, and n	hapter 608, F.S. I furthuirements of section 604 hy signature shall have the shal	the same legal	effect

## L0000012092

ACCOUNT NO.

: 072100000032

REFERENCE

411568

4320849

AUTHORIZATION

COST LIMIT

ORDER DATE: January 27, 2004

ORDER TIME : 10:22 AM

ORDER NO. : 411568-005

CUSTOMER NO:

4320849

CUSTOMER: Deana Labriola, Esq.

Cadwalader Wickersham & Taft

Suite 1100

1201 F Street, Nw Washington, DC 20004

## DOMESTIC FILINGS

NAME:

GHP (HONDURAS) LLC



XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS