2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 NOV 26 AM 11: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003247

1. Entity Name
HICKORY 1, LLC

Principal Place of Business
8675 BLUE FLAG WAY
NAPLES, FL 34109

Mailing Address
8675 BLUE FLAG WAY
NAPLES, FL 34109

11182008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
509 S. MAIN Street	PO BOX 550
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.
City & State: LAS Cruces NM	City & State: LAS CRUCES, NM
Zip: 88001 Country: USA	Zip: 88004 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVIN, CHARLES M JR
8675 BLUE FLAG WAY
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: LAVIN, CHARLES M JR
Street Address (P.O. Box Number is Not Acceptable): 2728 Tiburon Blvd UNIT A-403
City: NAPLES FL Zip Code: 34109

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Jr 11-20-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LAVIN, CHARLES 509 SOUTH MAIN STREET, SUITE A LAS CRUCES, NM 88001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Michael LAVIN 509 S. main Street, Suite A LAS Cruces, NM 88001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000138256204 11/25/08--01014--007 **243.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 08	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 11/19/08 (575)528-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #