

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 JAN 27 PM 12:12

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

Hot Flixx.L.L.C.

LO1000017174

2. Principal Office Address

4159 Billy Mitchell Drive

Suite, Apt. #, etc.

City & State

Addison Texas

Zip

75001

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Brevard

5. Date Organized or Qualified  
To Do Business In Florida

Aug 27, 2001

6. FEI Number

65-1134375

Applied For

☒ Not Applied For

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Benowitz, Mordecai

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

500027691935

01/27/04--01045--013 \*\*200.40

Suite, Apt. #, Etc.

City

4500 B North Powerline Road, Pompano Beach

State  
FL

Zip Code

33073

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

*Mordecai Benowitz*

Date Jan 15, 2004

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	HBR, Ltd	4159 Billy Mitchell Drive	Addison, Tx 75001
MGRM	LSMT, LLC	4159 Billy Mitchell Drive	Addison, Tx 75001
MGRM	Benowitz, Mordecai	4500 b North Powerline Road	Pompano Beach, FL 33073

REINSTATEMENT

2003-048

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

*Mordecai Benowitz*

Date Jan 15, 2004

Daytime Phone # 561 870 5222

Typed or printed name of signing Managing Member/Manager Mordecai Benowitz