

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda F. Poirier
Secretary of State
DIVISION OF CORPORATIONS

L01000021327

APPROVED
AND
FILED

03 NOV 25 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021327

Name and Mailing Address

0003975 01 AT 0.292 **AUTO T6 0 0615 32837-846645



HP COMMERCIAL, LLC
9500 SATELLITE BLVD.
SUITE 170
ORLANDO FL 32837-8466

US

REINSTATEMENT *2003*



CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/10/2001	
Principal Place of Business 9500 SATELLITE BLVD. SUITE 170 ORLANDO FL 32837 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3760114	Applied For Not Applicable
8. Name and Address of Current Registered Agent MACGREGOR, DOUGLAS G 9500 SATELLITE BLVD. SUITE 170 ORLANDO FL 32837		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)		100025026301	
		11/25/03--01024--014 **150.00	
City		FL Zip Code	
10. 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 <i>Douglas G MacGregor</i>		Date <i>11/20/2003</i>	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CAPITAL DEVELOPMENT PARTNERS II, LLC	9500 SATELLITE BLVD., SUITE 170	ORLANDO FL 32837

12. 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 *Douglas G MacGregor* Date *Nov 24th, 2003* Daytime Phone # *907-447-5667*

Typed or printed name of signing Managing Member/Manager *Douglas G MacGregor*