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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



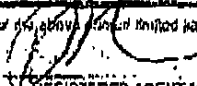
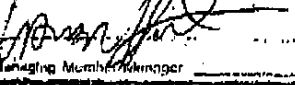
FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000002472
Name and Mailing Address

CG06058 DT AT 0.182 -AUTO T4 0 0615 32137-80251
1156 NE 88th St
POB FAMILY, LLC
3341 NE 2ND AVE
SUITE 301A
MIAMI FL 33137-3039

REINSTATEMENT 1083

11/14/2003

2. New Mailing Address 1156 NE 88th St City, State, Zip MIAMI, FL 33138		4. State/Country of Formation FL	
3. New Principal Place of Business Address 3341 NE 2ND AVE SUITE 301A MIAMI FL 33137		5. Date Organized or Qualified To Do Business in Florida 02/01/2002	
6. Name and Address of Secretary/Registered Agent LESTER, PAUL 201 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES FL 33134		7. CERTIFICATE OF STATUS DESIRED ☒ 06-09 Additional Fee Required for a Certificate of Status	
8. Name and Address of New Registered Agent Name Service Address (P.O. Box Number is Not Acceptable) City, State, Zip FL 33134		9. Name and Address of New Registered Agent	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 11/14/03 REGISTERED AGENT MUST SIGN			
11. Names and Exact Addresses of Each Managing Member/Manager			
NAME	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MR	HAROLD LAMAR	1156 NE 88th St	MIAMI, FL 33138
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 806.100, F.S., and that all fees owed by the limited liability company have been paid. The information submitted on this application is true and accurate, and my signature also has the same legal effect as if made under oath.			
Signature of Managing Member/Manager 		Date 11/14/03 DSV/MS Phone #	
Typed or printed name of signing Managing Member/Manager			

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Florida Department of State

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LIMITED LIABILITY REINSTATEMENT

HS FAMILY, LLC

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