

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 10 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002871

1. Limited Liability Company's Name

HMP, LLC

200042632302
11/10/04--01027--015 **200.00

2. Principal Office Address

1515 NW 22 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

FEB. 6, 2002

6. FEI Number

01-0607728

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOAO RAMON PEREZ

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

1515 NW 22 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/5/04

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
GENL. MGR.	JOAO RAMON PEREZ	1515 NW 22 ST, ...	MIAMI, FL 33142

REINSTATEMENT

03-04

[Signature]

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

[Signature]

Date

11/5/04

Daytime Phone #

(305) 326-9304

Typed or printed name of signing Managing Member/Manager

JOAO RAMON PEREZ

CR2EM1 (10/02)