

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000027110

1. Limited Liability Company's Name

HLRE, LLC

2. Principal Office Address - No P.O. Box #

1575 50th Street

Suite, Apt. #, etc.

Suite 201

City & State

Brooklyn, NY

Zip

11219

Country

USA

3. Mailing Office Address

1575 50th Street

Suite, Apt. #, etc.

Suite 201

City & State

Brooklyn, NY

Zip

11219

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/23/2003

6. FEI Number

200128770

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

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

9. 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

REGISTERED AGENT MUST SIGN

Angel Nunez
Assistant Secretary

Date

7/18/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	SCHARF, MANUEL	1575 50th Street, Suite 201	Brooklyn, NY 11219
MGR	SHAULSON, ABRAHAM	10800 Biscayne Boulevard, Suite 600	Miami, FL 33161

11. E-mail Address: exec.asst@millennium-mgt.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

7/18/14

Daytime Phone # (305) 864-9191

Typed or printed name of signing Authorized Representative/Manager Abraham Shaulson