

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # L0400003793

1. Limited Liability Company's Name

HOLA Properties, LLC

2007 APR 25 AM 10:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 2400 South Ocean Drive Suite, Apt. #, etc. # 4200D City & State Ft. Pierce Zip 34949		Country USA		3. Mailing Office Address 2400 South Ocean Drive Suite, Apt. #, etc. #4200D City & State Ft. Pierce Zip 34949		Country USA	
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4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida April 26, 2004	
6. FEI Number 20-1103840	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Laura Murphy

Street Address (P.O. Box Number is Not Acceptable)
2400 South Ocean Drive

Suite, Apt. #, Etc.
4200D

City
Ft. Pierce

State
FL

Zip Code
34949

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Laura Murphy Date 4/16/2007

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
Co-mgrm	Hoyt C. Murphy Jr	2400 S. Ocean Dr #4200D	Ft. Pierce, FL 34949
Co-mgrm	Laura Murphy	2400 S. Ocean Dr #4200D	Ft. Pierce, FL 34949

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REINSTATEMENT 05-07

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 Laura Murphy Date 4/16/07 Daytime Phone # 772-359-4275

Typed or printed name of signing Managing Member/Manager Laura Murphy