

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 APR 25 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000033851

1. Limited Liability Company's Name

HWPO Properties, LLC.

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

2400 S. Ocean Drive  
Suite, Apt. #, etc.  
# 4200D

City & State

Ft. Pierce FL

Zip

Country

FL 34949 USA

3. Mailing Office Address

2400 S. Ocean Drive  
Suite, Apt. #, etc.  
# 4200D

City & State

Ft. Pierce FL

Zip

Country

34949 USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

April 26, 2004

6. FEI Number

20-1103822

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

Laura Murphy

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

2400 S. Ocean Dr #4200D

Suite, Apt. #, Etc.

City

Ft. Pierce

State

FL

Zip Code

34949

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  
REGISTERED AGENT MUST SIGN

Date 4/16/2007

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- mgr	<u>Hoyt C. Murphy Jr</u>	<u>2400 S. Ocean Dr #4200D</u>	<u>Ft Pierce, FL 34949</u>
Co- mgr	<u>Laura Murphy</u>	<u>2400 S. Ocean Dr #4200D</u>	<u>Ft. Pierce, FL 34949</u>
			<u>400101797254</u> <u>05/08/07--01017--020 **200.00</u>
			<b>REINSTATEMENT 05-07</b>

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