

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JAN 27 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000053662</b> 1. Entity Name HIPPOGRYPH, LLC	
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Principal Place of Business 808 SPRING PARK LOOP CELEBRATION, FL 34747	Mailing Address 808 SPRING PARK LOOP CELEBRATION, FL 34747
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01162009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-1522198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  HARRISON, CHARLES R ESQ. 1413 TROVILLION AVENUE WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right; font-weight: bold;">FL</span> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P <input type="checkbox"/> Delete MAKSEM, MARY KAY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500141897865</b>
STREET ADDRESS	808 SPRING PARK LOOP	STREET ADDRESS	01/23/09--01058--004 **127.50
CITY-ST-ZIP	CELEBRATION, FL 34797	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete MAKSEN, JOHN A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	808 SPRING PARK LOOP	STREET ADDRESS	<b>500141897865</b>
CITY-ST-ZIP	CELEBRATION, FL 34747	CITY-ST-ZIP	01/23/09--01058--005 **150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<b>REINSTATEMENT</b>
CITY-ST-ZIP		CITY-ST-ZIP	2008-09
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mary Kay Maksem Date: 1/17/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

S. HAWKES  
JAN 29 2009  
EXAMINER