FILED
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14 JAN -9 PM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000093504

1. Limited Liability Company's Name
HLPG Newaco LLC

CR2E041 (12/13)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 926 Greenlawn St. | 926 Greenlawn St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Celebration, FL | City & State: Celebration, FL |
| Zip: 34747 Country: US | Zip: 34747 Country: US |

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 12/27/2004
6. FEI Number: 16-7124688 ☐ 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: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
Suite, Apt. #, Etc.
City: Plantation State: FL Zip Code: 33324

E-mail Address:
gperezal@yahoo.com
(To be used for future annual report notices)

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: Michelle Holda, Asst. Sec. Date: 1/9/14
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

| Title: AMBR/MGR | Name of Authorized Person | Street Address of Each Authorized Person | City / State / Zip |
|---|---|---|---|
| AMBR | Christopher Lombardi | 926 Greenlawn St | Celebration, FL 34747 |
| MGR | GABRIEL PEREZ | 926 Greenlawn St | Celebration, FL 34747 |
| | | | JAN 10 2014 |
| | REINSTATEMENT 09-14 | | L. SELLERS |
| | | | |

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Authorized Person: Gabriel Perez Date: 1/09/14 Daytime Phone #: 8137143959

Typed or printed name of signing Authorized Person:

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# Florida Department of State
## Division of Corporations
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## LIMITED LIABILITY REINSTATEMENT
## HLPG NEWACO, LLC.

| | |
|---|---|
| Certificate of Status | 0 |
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| Estimated Charge | $932.50 |