

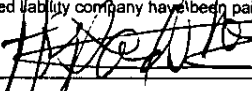


FILED  
10 MAR 16 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>																													
<b>DOCUMENT #</b> 405000006022																																	
1. Limited Liability Company's Name <b>HAN REAL ESTATE INVESTMENT LLC</b>																																	
2. Principal Office Address - No P.O. Box # <b>8681 ESTATE DR</b>		3. Mailing Office Address <b>8681 ESTATE DR</b>		4. State/Country of Formation <b>FLORIDA USA</b>																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <b>JAN. 19, 2005</b>																													
City & State <b>WEST PALM BEACH FL</b>		City & State <b>WEST PALM BEACH FL</b>		6. FEI Number <b>20-3317703</b>																													
Zip <b>33411</b>	Country <b>USA</b>	Zip <b>33411</b>	Country <b>USA</b>	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				<input checked="" type="checkbox"/> 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.																													
Name <b>HELEN NEGYESY</b>																																	
Street Address (P.O. Box Number is Not Acceptable) <b>8681 ESTATE DR.</b>																																	
Suite, Apt. #, Etc.																																	
City <b>WEST PALM BEACH</b>		State <b>FL</b>	Zip Code <b>33411</b>																														
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 				Date <b>3-12-10</b>																													
10. Names and Street Addresses of Managing Members/Managers																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td><b>MANAGING MEMBER</b></td><td><b>ARPAD A. NEGYESY</b></td><td><b>8681 ESTATE DR</b></td><td><b>WEST PALM BEACH, FL.</b></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	<b>MANAGING MEMBER</b>	<b>ARPAD A. NEGYESY</b>	<b>8681 ESTATE DR</b>	<b>WEST PALM BEACH, FL.</b>																				
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																														
<b>MANAGING MEMBER</b>	<b>ARPAD A. NEGYESY</b>	<b>8681 ESTATE DR</b>	<b>WEST PALM BEACH, FL.</b>																														
<b>REINSTATEMENT</b>			<b>S. HAWKES</b>																														
<b>2006-10</b>			<b>MAR 17 2010</b>																														
			<b>EXAMINER</b>																														
11. E-mail Address: <b>HNEGYESY@AOL.COM</b>																																	
12. 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 				Date <b>3-12-10</b>																													
Typed or printed name of signing Managing Member/Manager <b>ARPAD A. NEGYESY</b>				Daytime Phone # <b>561-523-3431</b>																													