

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000026047

Entity Name: HMG INVESTORS, LLC

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

18981 U S HIGHWAY 441 - P MB #126
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 82-4225
SOUTH FLORIDA, FL 33082

New Mailing Address:

18981 U S HIGHWAY 441 - P MB #126
MOUNT DORA, FL 32757

FEI Number: 72-1596113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HIXON, THOMAS P
18981 U S HIGHWAY 441 - P MB #126
MOUNT DORA, FL 32757

Name and Address of New Registered Agent:

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.

SIGNATURE: THOMAS P. HIXON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIXON, THOMAS P
Address: 18981 U S HIGHWAY 441 - P MB #126
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR () Delete
Name: ROBERTSON, ALICE
Address: 18981 U S HIGHWAY 441 - P MB #126
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR () Delete
Name: MARSHALL, DONALD
Address: 16307 SW 48TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: MGR () Delete
Name: GRAHAM, MARIO E
Address: 19045 NW 86TH AVENUE
City-St-Zip: MIAMI, FL 33015

Title: MGR () Delete
Name: GRAHAM, TERESA L
Address: 19045 NW 86TH AVENUE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS P. HIXON

MR.

02/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date