


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 OCT -6 AM 8: 08 CR2E041 (12/07)	
DOCUMENT # L05000040121 1. Limited Liability Company's Name HB INVESTMENTS LLC			
2. Principal Office Address - No P.O. Box # 1390 BRICKELL AVENUE Suite, Apt. #, etc. 200 City & State FLORIDA Zip 33131		3. Mailing Office Address 280 CARABELA CT Suite, Apt. #, etc. City & State Coral Gables FLORIDA Zip 33143	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 7/11/2005	
6. FEI Number 20-2737843		Applied For <input type="checkbox"/> Not Applicable	
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 Name GONZALO HEVIA Street Address (P.O. Box Number is Not Acceptable) 280 CARABELA CT Suite, Apt. #, Etc. City CORAL GABLES			
State FL		Zip Code 33143	
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 9/9/2008 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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
MGR	GONZALO HEVIA	280 CARABELA CT	CORAL GABLES FL 33143
REINSTATEMENT 07-08			
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 _____ Date 9/9/2008 Daytime Phone # 305.4449102 Typed or printed name of signing Managing Member/Manager GONZALO HEVIA			