2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV -3 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000053549

1. Entity Name
H.D.M.C. LLC

Principal Place of Business	Mailing Address
5840 STIRLING ROAD STE 128 HOLLYWOOD, FL 33021	5840 STIRLING ROAD STE 128 HOLLYWOOD, FL 33021

10242006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business		3. Mailing Address	
5840 Stirling Road		5840 Stirling Road	
Suite, Apt. #, etc.: Suite 128		Suite, Apt. #, etc.: Suite 128	
City & State: Hollywood Fl.		City & State: Hollywood, Fl.	
Zip: 33021	Country: USA	Zip: 33021	Country: USA

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAINVILLE, DIANE 5840 STIRLING ROAD STE 128 HOLLYWOOD, FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Diane Mainville 10-25-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 **After January 1, 2007, Fee will be $100.00**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAINVILLE, DIANE 5840 STIRLING ROAD STE 128 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500081476675 11/03/06--01003--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 06
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Diane Mainville 10-25-06 954-444-6812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #