2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000053549 06 NOV -3 PM 1:46 1. Entity Name H.D.M.C. LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5840 STIRLING ROAD STE 128 5840 STIRLING ROAD STE 128 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Stirling ROAD 840 STIRLING ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 10242006 REIN-LLC CR2E101 (11/05) Bsite IzB Juite 128 City & State City & State 4. FEI Number Applied For $\in \iota$ FΙ 1000 1110H Hollywood Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired ARU 150 P12 \circ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAINVILLE, DIANE 5840 STIRLING ROAD STE 128 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33021 City 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 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE □ Delete TITLE ☐ Change ☐ Addition NAME MAINVILLE, DIANE NAME STREET ADDRESS 5840 STIRLING ROAD STE 128 STREET ADDRESS 500081476675 CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-7IP 11/03/06--01003--075 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 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 mar limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. further carify that the information

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED