

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

09 JAN-13 AM 11:48

DOCUMENT # W05000088159

1. Limited Liability Company's Name

HGH Putnum 806, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

150 Alhambra Circle

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1150

Suite, Apt. #, etc.

City & State

Coral Gables

City & State

Zip

33134

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida 9/7/05

6. FEI Number

20-3445109

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

David Hatton

Street Address (P.O. Box Number is Not Acceptable)

150 Alhambra Circle

Suite, Apt. #, Etc.

Suite 1150

City

Coral Gables

State

FL

Zip Code

33134

☒ 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.

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 12/4/08

REGISTERED AGENT MUST SIGN

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
MGRM	Mark Hollander	2959 Day Ave, Unit B	Coconut Grove, FL. 33133
MGRM	David Hatton	150 Alhambra Circle, Suite 1150	Coral Gables, FL. 33134

REINSTATEMENT 12-08

100139530531
01/08/09-01007-020 ***416.25

W08000055906

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 12-4-08

Daytime Phone # 305-858-0220

Typed or printed name of signing Managing Member/Manager Mark Hollander



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2008

HGH PUTNUM 806 LLC
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134 US

SUBJECT: HGH PUTNUM 806 LLC
Ref. Number: L05000088159

We have received your document for HGH PUTNUM 806 LLC and check(s) totaling \$416.25. However, your check(s) and document are being returned for the following:

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 408A00060742