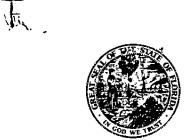
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS ... 09 JAN43 AM11: 48 DOCUMENT # 5000088159 1. Limited Liability Company's Name HGH Putnum 806, LLC 4-CR2E041 (10/08) 2. Principal Office Address - No P.O. Box # Mailing Office Address 150 Alhambra Circle 4. State/Country of Formation Florida / USA Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Date Organized or Qualified **Suite 1150** To Do Business in Florida 9/7/05 City & State City & State. Applied For 6. FEI Number Coral Gables 20-3445109 Not Applicable Zio Country Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status 33134 USA 8. Name and Address of Current Registered Agent Name ✓ A \$100 reinstatement fee is imposed, except **David Hatton** in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 150 Alhambra Circle box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 Suite 1150 reinstatement be waived. City State Zip Code Coral Gables 33134 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 Date _12/4/08 Registered Agent REGISTERED AGENT MUST SIGN Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Tities City / State / Zip MGRM Mark Hollander 2959 Day Ave, Unit B Coconut Grove, FL, 33133 MERM 150 Alhambra Circle, Suite 1150 **David Hatton** Coral Gables, FL. 33134 REINSTATEMENT 408 (DO800005590C) 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 saction 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. 12-4-08 Managing Member/Manage 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.

Letter Number: 408A00060742

Deborah Bruce Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314