
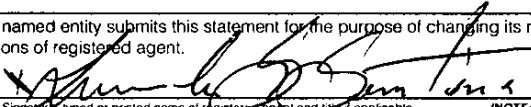



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 05, 2006 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # L05000102349</b> 1. Entity Name <b>HTL REALTY, L.L.C.</b>					
Principal Place of Business <b>817 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441</b>			Mailing Address <b>6682 W ATLANTIC BLVD MARGATE, FL 33063</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>6862 W. Atlantic Blvd</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>MARGATE FL</b> Zip      Country <b>33063      Broward</b>		10042006    REIN-LLC    CR2E101 (11/05)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>SANTANA, LEONARDO 704 SE 2ND AVE DEERFIELD BEACH, FL 33441</b>	
7. Name and Address of New Registered Agent  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  <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ST LOUIS, HARRY 19426 BLACK OLIVE LANE BOCA RATON, FL 33498</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>500080582295 10/09/06--01004--016 **100.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOURAWAD, TANIA 614 NW 25TH AVE BOYNTON BEACH, FL 33426</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANTANA, LEONARDO 704 SE 2ND AVE DEERFIELD BEACH, FL 33441</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jocelyne St. Louis 19426 Black olive lane Boca Raton FL 33498</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>REINSTATEMENT 2006</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	