2007 LIMITED LIABILITY COMPANY

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SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

ÉILED REINSTATEMENT DOCUMENT # L06000005211 07 OCT -5 PM 2:49 HHSS DEVELOPMENT, LLC SECRETARY OF STATE FALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 3572 SAWMILL CIRCLE 3572 SAWMILL CIRCLE PACE, FL 32571 US PACE, FL 32571 US 2. Principal Place of Business - No P.O. Box # Mailing Address 4890 Bayon Bl 4890 BarrouBlud Suite, Apt. #, etc. Suite, Apt. #, etc. 4 09272007 REIN-LLC CR2E101 (1/07) Applied For 4. FEI Number City & State City & State Pensaco 20-4703681 FL Pensa col Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 32503 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Salter, Paul E. SALTER, PAUL E Street Address (P.O. Box Number is Not Acceptable) 3572 SAWMILL CIRCLE PACE, FL 32571 4890 Bayon Blvd. 8. The above named entity submits this statement for e 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 registere SIGNATURE Signature, ty (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$50.00 Florida Department of State After January 1, 2008, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Delete THE ☐ Change ☐ Addition TITLE NAME SALTER, PAUL E NAME 3572 SAWMILL CIRCLE STREET ADDRESS STREET ADDRESS 300110182043 CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP <u> 10/02/07--01038--014 **50.00</u> MGRM ☐ Change TITLE Delete TOTAL Addition SHELL, BRYAN S NAME NAME STREET ADDRESS 3348 VILLAGE GREEN DRIVE STREET ADDRESS PACE, FL 32571 CITY-ST-ZIP CITY-ST-ZIP MGRM Delete TITLE Change ☐ Addition HAMMOND, ADRIAN F JR. NAME NAME STREET ADDRESS 9735 NORTH PALAFOX STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32534 CITY-\$1-ZIP TITLE Change TITLE MGRM Delete Addition HUDNALL, DUNCAN NAME STREET ADDRESS 5508-B NORTH STREET ADDRESS REINSTATEMI CITY-SI-ZIP CITY-ST-ZIP PENSACOLA, FL 32505 Delete TITLE Addition NAME NAME STREET ADDRES STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplies with this filing does nonqualify 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 signal of the limited liability company or the receiver of trustee empowering to execute this report as required by Chapter 608, Florida Statutes.

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #