


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 DEC -5 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|------------------------------------|---|
| DOCUMENT # L06000042259 |  |
| 1. Entity Name HABS CAPITAL LLC | |

| | |
|---|---|
| Principal Place of Business % JOHN O. PICKET 243 TANGIER AVENUE PALM BEACH, FL 33480 | Mailing Address % JOHN O. PICKET 243 TANGIER AVENUE PALM BEACH, FL 33480 |
|---|---|

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|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 2160 Notre Dame Drive |
|--|---|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------------------------|--------------------------------|
| City & State Lake Worth, FL | City & State Lake Worth, FL |
|--------------------------------|--------------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 33460 | Country | Zip 33460 | Country |
|--------------|---------|--------------|---------|



12042007 REIN-LLC CR2E101 (1/07)

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|--|--|
| 6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131 | 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 Elizabeth Gleaton DATE 12/5/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|--|--|
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 | Make check payable to Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PICKETT, JOHN O III 243 TANGIER AVENUE PALM BEACH, FL 33480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300112910119 12/05/07--01052--009 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KELTER, JEFFREY E 767 THIRD AVENUE, 32ND FLOOR NEW YORK, NY 10017 <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 | REINSTATEMENT 2007 <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 |
| 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 |

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.

SIGNATURE: John O. Pickett DATE 12/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SQUIRE, SANDERS & DEMPSEY

Requester's Name

215 S. MONROE ST. SUITE 601

Address

TALLAHASSEE 32301 222.2300

City/State/Zip

Phone #

RECEIVED

07 DEC -5 AM 10:29

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. HABS CAPITAL LLC L06000042259
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 1:00 Please ☐ Certified Copy
☐ Mail out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☒ Reinstatement
☐ Trademark
☐ Other

IF YOU HAVE ANY QUESTIONS
PLEASE CONTACT ELIZABETH GLEATON
AT 222.2300. THANK YOU.

CR2E031(7/97)

Examiner's Initials