PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG -7 AM 11:28

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000055839

1. Limited Liability Company's Name

HSP 1001, LLC

500238011735
07/31/12--01022--001 **344.17

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
101 Cherry Creek Circle	101 Cherry Creek Circle
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Winter Springs, Florida	City & State: Winter Springs, Florida
Zip: 32708 Country: US	Zip: 32708 Country: US

4. State/Country of Formation: Florida/US

5. Date Organized or Qualified To Do Business in Florida: 5/31/2006

6. FEI Number: 76 0829497 ☐ 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: James C. Stanley

Street Address (P.O. Box Number is Not Acceptable): 1134 Winged Foot Circle West

Suite, Apt. #, Etc.

City: Winter Springs | State: FL | Zip Code: 32708

E-mail Address:

500238011735
07/31/12--01022--002 **172.08

schujn@aol.com
(To be used for future annual report notices)

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 See next Page for Signature Date

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
MGR	Richard E. Heidenescher	101 Cherry Creek Circle	Winter Springs, Fl 32708
MGR	Jeffrey K. Schurrer	101 Cherry Creek Circle	Winter Springs, Fl 32708
MGR	Thomas L. High	101 Cherry Creek Circle	Winter Springs, Fl 32708
	REINSTATEMENT 2010 - 2012		

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Date 7/22/2012 Daytime Phone # 478-319-2892

Typed or printed name of signing Managing Member/Manager: Jeffrey K. Schurrer

AUG 8 2012

T. HAMPTON

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SECRETARY OF STATE
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Suite, Apt. #, Etc.

City: Winter Springs State: FL Zip Code: 32708

E-mail Address: schujn@aol.com
(To be used for future annual report notices)

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 7-25-12
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
MGR	Richard E. Heidenescher	101 Cherry Creek Circle	Winter Springs, Fl 32708
MGR	Jeffrey K. Schurrer	101 Cherry Creek Circle	Winter Springs, Fl 32708
MGR	Thomas L. High	101 Cherry Creek Circle	Winter Springs, Fl 32708

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Signature of Managing Member/Manager _____ Date 7/22/2012 Daytime Phone # 478-319-2892

Typed or printed name of signing Managing Member/Manager: Jeffrey K. Schurrer

REINSTATEMENT 2010-2012

AUG 8 2012

T. HAMPTON