

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 23 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000068494

1. Limited Liability Company's Name

H&P HOP LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1307 S. INTL. PKWY

Suite, Apt. #, etc.

Suite 1071

City & State

Lake Mary FL

Zip

32746

Country

U.S.A

3. Mailing Office Address

1307 S. INTL. PKWY

Suite, Apt. #, etc.

Suite 1071

City & State

Lake Mary FL

Zip

32746

Country

U.S.A

4. State/Country of Formation

FL U.S.A

5. Date Organized or Qualified
To Do Business in Florida

7/10/2006

6. FEI Number

20-8178293

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

PETER HOPPER

Street Address (P.O. Box Number is Not Acceptable)

1307 S. INTL. PKWY

Suite, Apt. #, Etc.

Suite 1071

City

Lake Mary

State

FL

Zip Code

32746

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

Peter Hopper

REGISTERED AGENT MUST SIGN

Date 12/16/08

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
			200139175452 12/16/08-01045-019 **\$21.25

REINSTATEMENT

2007-08

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.

Signature of
Managing Member/Manager

Peter T. Hopper

Date

12/16/08

Daytime Phone #

400 883 6926

106
(Dianne)

Typed or printed name of signing Managing Member/Manager

PETER T. HOPPER