### \* -- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### LIMITED LIABILITY COMPANY REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

### **DOCUMENT #** L06000083855

1. Limited Liability Company's Name Hornwood Management LLC

## FILED

09 MAR 31 PM 4: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

· ·	
CR2E041 (10/08)	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address	
200 S. Biscayne Blvd, 14FL 200 S. Biscayne Blvd, 14FL 4. State/Country of Formation	- 1
Suite, Apt. #, etc.  Attn: Cris Garcia  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Florida / USA  5, Date Organized or Qualified	
City & State Cuty & State Cuty & State	1
	ed For
Zio Country Zio Country Not	Applicable
33131 USA . 33131 USA . CERTIFICATE OF STATUS DESIRED To ra Certificate	ee required of Status
8. Name and Address of Current Registered Agent	
Name CFRA, LLC A \$100 reinstatement fee is imposed, e	ig Si.
in circumstances which the entity di	
Street Address (P.O. Box Number is Not Acceptable) Corporate Center Three at International PL receive the prior notices. By checking	
Suite, Apt. #, Etc.  4221 West Boy Scout Blvd, 10th Floor  box, you are certifying the prior notices not received and requesting the reinstatement be waived.	
City State Zip Code Tampa State 33607	ŀ
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.	
	ŀ
Registered Agent	
10. Names and Street addresses of Managing Members/Managers	-
Managing Members/ Managers Managing Member/ Manager City / State / Zip	
Mgr Wachovia Bank, Trustee 200 South Biscayne Blvd.  14th Floor Miami, FL 33131	
The state of the s	
02/17/0901038012 **243.	75
REINSTATEMEN 107,09	
04/01/0901001017 **277	.50
1409000007802	
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., 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 legs	nd that I effect
as if made under oath. Wachara Book NP PS Wuster	_ [
$\mathcal{L}$	$\sim$ $\sim$
Signature of Managing Member/Manager Date 2/9/09 Daytime Phone #305-78 9 46	26

Vice President &