


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 AUG - 2 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L07000001943

1. Limited Liability Company's Name

HSL, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 2502 Rocky Point Drive Suite, Apt. #, etc. Suite 700 City & State Tampa, Florida Zip Country 33607 USA		3. Mailing Office Address 2502 Rocky Point Drive Suite, Apt. #, etc. Suite 700 City & State Tampa, Florida Zip Country 33607 USA	
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4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida **01/05/2007**

6. FEI Number ☐ 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 F. Heekin, Jr.		
Street Address (P.O. Box Number is Not Acceptable) 215 North Eola Drive		
Suite, Apt. #, Etc.		
City Orlando	State FL	Zip Code 32801

E-mail Address:

500236982805
06/29/12--01024--006 **848.75

(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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	McNICHOLS COMPANY	2502 Rocky Point Drive Suite 700	Tampa, Florida 33607

REINSTATEMENT

08-12 DBruce

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Scott M. McNichols, President**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2012

CORPORATE ACCESS, INC.

SUBJECT: HSL, LLC
Ref. Number: L07000001943

APPROVED
AND
FILED
12 AUG -2 AM 9:47
RECEIVED
12 AUG -2 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HSL, LLC and your check(s) totaling \$848.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 412A00017835

Corrected

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

6-29-12

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

APPROVED
AND
FILED
12 AUG -2 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC Reinstatement

1. HSL, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

RECEIVED
2012 JUN 29 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

