


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JUN -2 AM 9:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000075726	
1. Entity Name HSAC-THE HYDEAWAY LLC	

Principal Place of Business 2408 WEST KENNEDY BOULEVARD TAMPA, FL 33609	Mailing Address 2019 WEST PLATT STREET TAMPA, FL 33606
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2. Principal Place of Business - No P.O. Box # 303 S. Melville	3. Mailing Address 303 S. Melville Ave
Suite, Apt. #, etc	Suite, Apt. #, etc

City & State Tampa FL	City & State Tampa FL
Zip 33606	Country USA
Zip 33606	Country USA



04292009 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent ORTIZ, THOMAS 2019 WEST PLATT STREET TAMPA, FL 33606	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	303 S. Melville Ave
City	Tampa
State	FL
Zip Code	33606

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	Thomas Ortiz MGRM	04/29/09
(NOTE: Registered Agent signature required when reinstating)		

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, THOMAS 2019 WEST PLATT STREET TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, CHRISTOPHER 2019 WEST PLATT STREET TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNOUCHE, PETER 2019 WEST PLATT STREET TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. SELLERS JUN - 8 2009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 303 S. Melville Ave Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 303 S. Melville Ave Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100156685761 06/02/09--01037--014 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 428108 90045/006 \$138.75
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"/> 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:	Thomas Ortiz MGRM	04/29/09	8132590136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #