

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 DEC 31 PM 12:07

DOCUMENT # LC70000891801. Limited Liability Company's Name
HLP Properties of Vidalia, LLC

500378983305

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # c/o Advisory Trust Group, LLC, 10645 N. Oracle Road		3. Mailing Office Address c/o Advisory Trust Group, LLC, 10645 N. Oracle Road	
Suite, Apt. #, etc. Suite 1211-371		Suite, Apt. #, etc. Suite 1211-371	
City & State Oro Valley, AZ		City & State Oro Valley, AZ	
Zip 85737	Country USA	Zip 85737	Country USA

4. State/Country of Formation
Florida5. Date Organized or Qualified
To Do Business in Florida
08/30/20076. FEI Number
26-2404255
☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Eylina Bahar
Assistant Vice President
REGISTERED AGENT MUST SIGN

Date 01/03/2022

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Member	PROMISE HEALTHCARE, INC.	c/o Advisory Trust Group, LLC 10645 N. Oracle Road, Suite 1211-371	Oro Valley, AZ 85737
Debtor Rep	Bob Michaelson	c/o Advisory Trust Group, LLC 10645 N. Oracle Road, Suite 1211-371	Oro Valley, AZ 85737

DEC 31 2022

R. HUNT

11. E-mail Address: bob.michaelson@advisorytlgllc.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Bob Michaelson

Date 12-22-2021

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Bob Michaelson

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 354896 4814048

AUTHORIZATION :

COST LIMIT : \$ 300.00

ORDER DATE : December 29, 2021

ORDER TIME : 2:0 PM

ORDER NO. : 354896-025

CUSTOMER NO: 4814048

DOMESTIC FILINGS

NAME: HLP PROPERTIES OF
VIDALIA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - Ext#

EXAMINER'S INITIALS _____

2022 JAN-4 PM 4:26