PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUN -5 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000099751

1. Limited Liability Company's Name
HH Property Network LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8694 SW 51 Place		8694 SW 51 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cooper City		City & State: FL	
Zip: 33328	Country	Zip: 33392 ~~33328~~	Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: [ ] Applied For [X] 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: Sofiye, Williams, Esquire

Street Address (P.O. Box Number is Not Acceptable): 500 East Broward Blvd

Suite, Apt. #, Etc.: 1710

City: Fort Lauderdale | State: FL | Zip Code: 33180

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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: Sofiye Williams
REGISTERED AGENT MUST SIGN

Date: May 23, 2014

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
Mgrm	LV Investment Sovereign	8694 SW 51 Place	Cooper City,FL 33328
Mgrm	Houri, Haguit	8694 SW 51 Place	Cooper City,FL 33328
			JUN 5 2014
			M. WILLIAMS

11. E-mail Address: lohanna@energysmartindustry.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 605.0112, 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: [signature] Date: 5/23/14 Daytime Phone #: 954-920-0098

Typed or printed name of signing Authorized Representative/Manager: