FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 NOV 13 PM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000010997

1. Limited Liability Company's Name
HS ADVISORY & CONSULTING, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1901 Floyd Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Sarasota, FL	City & State
Zip: 34239 Country: US	Zip Country

4. State/Country of Formation: Florida / US

5. Date Organized or Qualified To Do Business in Florida: 1/29/10

6. FEI Number: 27-1900956 ☐ 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: John A. Moran, Esq.
Street Address (P.O. Box Number is Not Acceptable): 22 S. Links Ave.
Suite, Apt. #, Etc.: Suite 300
City: Sarasota State: FL Zip Code: 34236

E-mail Address:
600241744966
11/13/12--01002--021 **377.50
jmoran@dunlapmoran.com
(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 _____ Date 11-9-12
REGISTERED AGENT MUST SIGN

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
MGR	Herbert Silverstein	1901 Floyd Street	Sarasota, FL 34239
	REINSTATEMENT 11-12		
			NOV 14 2012
			L. SELLERS

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 any 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 11-10-12 Daytime Phone # 941-366-0115

Typed or printed name of signing Managing Member/Manager: Herbert Silverstein, Manager