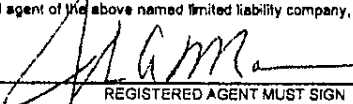
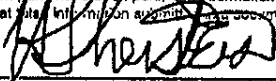


FILED

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	12 NOV 13 PM 7:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L10000010997			
1. Limited Liability Company's Name HS ADVISORY & CONSULTING, LLC			
2. Principal Office Address - No P.O. Box # 1901 Floyd Street		3. Mailing Office Address Same	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sarasota, FL		City & State 	
Zip 34239	Country US	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	
7. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐	
Not Applicable ☐		\$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 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 this information submitted 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			