L10000105785

PLEASE READ ALL INSTRUCTIONS BE[illegible]E COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 13 PM 3:50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

HMF Realty LLC

2011

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17341 Allenbury Court	17341 Allenbury Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33496 Country: Palm Beach	Zip: 33496 Country: Palm Beach

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/8/10

6. FEI Number: 400185054834 ☐ 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: Harriet M. Finger

Street Address (P.O. Box Number is Not Acceptable): 17341 Allenbury Court

Suite, Apt. #, Etc.

City: Boca Raton State: FL Zip Code: 33496

E-mail Address: 200218807632

(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: Harriet Finger Date: 1-10-12

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
MGM	Harriet M. Finger	17341 Allenbury Court	Boca Raton, Florida
		REINSTATEMENT 2011-2012	

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 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: Harriet Finger Date: 1-10-12 Daytime Phone #:

Typed or printed name of signing Member/Manager:

Jan 10 12 12:0up

CSC. CORPORATION SERVICE COMPANY

L10000105385

ACCOUNT NO. : I20000000195

REFERENCE : 060297 4380270

AUTHORIZATION :

COST LIMIT : $ 377.50

ORDER DATE : January 13, 2012

ORDER TIME : 1:27 PM

ORDER NO. : 060297-005

CUSTOMER NO: 4380270

RECEIVED
12 JAN 13 PM 1:51
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: HMF REALTY LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Camille Silva - Ext# 2062

EXAMINER'S INITIALS

FILED
12 JAN 13 PM 3:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS