

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

5/11/11

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000127817

1. Limited Liability Company's Name

HP LAND, LLC

2. Principal Office Address - No P.O. Box #

420 E Pine Ave

Suite, Apt. #, etc.

City & State

Crestview

Zip

32539

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/9/2011

6. FEI Number

45-4663509

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

Jonathan Holloway

Street Address (P.O. Box Number is Not Acceptable) Suite,

420 E Pine Ave

Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32539

500440727386
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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

REGISTERED AGENT MUST SIGN

Date 12/2/2024

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
AMBR	OG NVC, LLC	420 E Pine Ave	Crestview, FL 32539
AMBR	Michael Skehan	420 E Pine Ave	Crestview, FL 32539
AMBR	Rodney Greenway	420 E Pine Ave	Crestview, FL 32539

11. E-mail Address jholloway@okaloosalaw.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

12/2/2024

Daytime Phone #

850-398-6808

Typed or printed name of signing authorized representative/member Jonathan T. Holloway