

2 of 2 pages

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

FILED

15 NOV -9 AM 3:47

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H160002762113)))



H160002762113ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LIMITED LIABILITY REINSTATEMENT  
HSBS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**

15 NOV -9 AM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DOCUMENT #**1. Limited Liability Company's Name  
HSBS, LLC (doc no L15000055553)

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
2660 S. OCEAN BLVD APT 503W

Suite, Apt. #, etc.

3. Mailing Office Address  
103 GAMMA DRIVE

Suite, Apt. #, etc.

City & State  
PALM BEACH FLCity & State  
PITTSBURGH PAZip Country  
33480 USAZip Country  
152384. State/Country of Formation  
FLORIDA/USA5. Date Organized or Qualified  
To Do Business in Florida  
3/27/2015

6. FEI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required  
for a Certificate of Status**8. Name and Address of Current Registered Agent**

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City  
PLANTATIONState Zip Code  
FL 33324

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

Date 2016

REGISTERED AGENT MUST SIGN

**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
Member	HERBERT S. SHEAR	2660 S. OCEAN BLVD APT 503W	PALM BEACH FL 33480
	(member-managed)		

**11. E-mail Address:**

(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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 10/31/2016

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager HERBERT S. SHEAR, MEMBER

89 11/8/16