

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 28 AM 9:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L98000002856

1. Limited Liability Company's Name

HBP-7-WINK, L.C.

2. Principal Office Address

33 S.E. 4th Street

Suite, Apt. #, etc.

#100

City & State

Boca Raton, Florida

Zip

33432

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

11/23/98

6. FEI Number

☒ **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

Jeffrey T. Halvorsen

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

33 S.E. 4th Street

Suite, Apt. #, Etc.

Suite 100

City

Boca Raton, FL

State

FL

Zip Code

33432

100003032401-5

-11/02/99-01068-001

*****150.00 ***150.00**

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

REGISTERED AGENT MUST SIGN

Date **10/25/99**

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	HALVORSEN HOLDINGS, INC.	33 SE 4th Street #100	Boca Raton, FL
MGR	GOMEZ, BARRY	1100-5th Ave So. #401	Naples, FL
MGR	GOMEZ, BRUCE	1100-5th Ave So. #401	Naples, FL

REINSTATEMENT **99**

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.

Signature of
Managing Member/Manager

Date **10/25/99** Daytime Phone # **561-367-9200**

Typed or printed name of signing Managing Member/Manager

Jeffrey T. Halvorsen

CR20041 (3/99)