

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L99000009168

1. Limited Liability Company's Name

H & P Realty Group, L.L.C.

2. Principal Office Address

1814 Roland Street

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34231

Country

USA

3. Mailing Office Address

1814 Roland Street

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34231

Country

USA

4. State/Country of Formation

Florida

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

12/23/99

6. FEI Number

65-0971147

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

J. Geoffrey Pflugner, Esquire

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

2033 Main Street

Suite, Apt. #, Etc.

600

City

Sarasota

State

FL

Zip Code

34237

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

6 June 2002

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.	Samuel A. Hamad	1814 Roland Street	Sarasota, FL 34231
Mgr.	John Powell	7904 Hampton Court	University Park, FL 34201

REINSTATEMENT

2001-2002

500005754865-8

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 6/6/02

Daytime Phone # 941-926-8385

Typed or printed name of signing Managing Member/Manager

Samuel A. Hamad



L99000009168

ACCOUNT NO. : 072100000032

REFERENCE : 618118 3487A

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 200.00

ORDER DATE : June 11, 2002

ORDER TIME : 3:47 PM

ORDER NO. : 618118-005

CUSTOMER NO: 3487A

CUSTOMER: Tami Dalgaard, Legal Asst
Icard Merrill Cullis Timm
Suite 600
2033 Main Street
Sarasota, FL 34237

DOMESTIC FILINGS

NAME: H & P REALTY GROUP, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

FILED
02 JUN 11 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02 JUN 11 PM 1:13
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02 JUN 11 PM 4:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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