

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**M0200002051**

FILED

03 NOV 13 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M0200002051  
Name and Mailing Address

0016879 01 MB 0.309 \*\*AUTO T1 0 0615 90019-522932

HGU, LLC  
5132 VENICE AVENUE  
LOS ANGELES CA 90019-5229



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/07/2002	
Principal Place of Business 5132 VENICE AVENUE LOS ANGELES CA 90019	3. New Principal Place of Business Address	6. FEI Number 35-2163508	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent CROSSMAN, SCOTT 2464 EAST MICHIGAN STREET ORLANDO FL 32806	9. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

10. 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 *[Signature]* **SIGNATURE REQUIRED** Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HAZZARD, STEVEN A	5132 VENICE AVENUE	LOS ANGELES CA 90019
			000024638000 11/13/03--01047--003 **150.00
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12. 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 *[Signature]* Date 11/4/03 Daytime Phone (323) 937-7444

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_