

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 12 AM 10:50

DOCUMENT # M04000001547

1. Limited Liability Company's Name
HVM L.L.C.

CR2E041 (8/05)

2. Principal Office Address 100 Dunbar St		3. Mailing Office Address 100 Dunbar St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Spartanburg SC		City & State Spartanburg SC	
Zip 29306	Country	Zip 29306	Country

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 05-09-2002	
6. FEI Number 74-2850746	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name NRAI Services Inc	500080781775
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Dr	10/12/06--01058--013 **200 00
Suite, Apt. #, Etc. Suite 4	REINSTATEMENT 05/06
City Weston	State Zip Code FL 33331

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: Date: **10/6/06**

REGISTERED AGENT MUST SIGN **GARY SHERMAN, ASST. SECRETARY**

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
MGRM	Gary A DeLapp	100 Dunbar St	Spartanburg SC 29306
MGRM	F Joseph Rogers	100 Dunbar St	Spartanburg SC 29306
MGRM	Timothy B Groves	100 Dunbar St	Spartanburg SC 29306
MGRM	Stephen T Woolridge	100 Dunbar St	Spartanburg SC 29306
MGRM	David Weiss	100 Dunbar St	Spartanburg SC 29306
MGRM	Piero Bussani	100 Dunbar St	Spartanburg SC 29306

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: **10/5/06** Daytime Phone # **864 573 1869**

Typed or printed name of signing Managing Member/Manager: **F Joseph Rogers**