PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIAE OMPAN STATEN	Y	5	DEPARTMENT OF STATE Secretary of State rision of corporations			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 12 AM 10: 50					
DOCUMENT # M0400001547 1. Limited Liability Company's Name HVM L.L.C.												
2. Principal Office Address 3. Mailing O								CR2E041 (8/05)				
100 Dunbar St			100 Dunbar St			4. State/Country of Formation Delaware						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Date Organized or Qualified To Do Business in Florida 05-09-2002						
City & State Spartanburg SC			City & State Spartanburg SC				7/1-2850746 Applied For					
Zip 29306		Country	^{Zip} 29306		Country	-	7.		10 DECIDED \$5.00 A	Not App	required	
2000	8. Name and Address of Current Registered Agent											
	Name NRAI Services Inc						500080781775 10/12/0601058013 **200 00					
÷	Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Dr						المناسخة المناسخة		<u> 0 [5</u>	*** <u>*</u>	j	
	Suite, Apt. #, Etc. Suite 4						TATEMENT 05 00					
	Weston							State	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 Shorman, ASST. SECRETARY												
Titles	es and Street Addresses of Managing Members/Managers 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					
	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 Date 10/5/06 Daytime Phone # 864 573 1869												
Typed or printed name of signing Managing Member/Manager F Joseph Rogers												