M04000004526

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JAN 11 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT #

1. Limited Liability Company's Name

HP Partners, LLC

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2. Principal Office Address		3. Mailing Office Address	
96 N. Sunnyslope Ave.		96 N. Sunnyslope Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Pasadena, CA		Pasadena, CA	
Zip	Country	Zip	Country
91107	USA	91107	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 10/22/2004

6. FEI Number: None ☐ 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: Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable): 236 E. 6th Avenue

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01/19/06--01027--019 **30.00

Suite, Apt. #, Etc.:

City	State	Zip Code
Tallahassee	FL	32303

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: /s/ DENISE ZOLLNER Date: _____

REGISTERED AGENT MUST SIGN

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
CEO	Dennis Hamm	96 N. Sunnyslope Ave.	Pasadena, CA 91107

REINSTATEMENT 2005 - 2006

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: _____ Daytime Phone # 800-634-7366

Typed or printed name of signing Managing Member/Manager: Dennis Hamm, CEO