PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 NOV 30 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # M07000003113

09-12 CR2E041 (1/11)

1. Limited Liability Company's Name
HGF Merritt Island 2005 LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15 Maple Avenue	15 Maple Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Morristown NJ	City & State: Morristown NJ
Zip: 07960 Country: USA	Zip: 07960 Country: USA

4. State/Country of Formation: New Jersey

5. Date Organized or Qualified To Do Business in Florida: May 25, 2007

6. FEI Number: 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

E-mail Address:

400242318274
11/30/12--01028--001 **655.00

ldemarzo@hampshire.com

(To be used for future annual report notices)

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: Elizabeth B Bonecazy Date: 11-15-12
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
MGRM	The Hampshire Generational Fund LLC	15 Maple Avenue	Morristown NJ 07960

NOV 30 2012
S. PRATHER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 11/29/12 Daytime Phone #: 973 898 7292

Typed or printed name of signing Managing Member/Manager: MARK S. ROSEN