

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 OCT -9 PM 12:17

DOCUMENT # M08000003373

1. Limited Liability Company's Name

HGF Lake Jackson GP, LLC

600252619536

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

22 Maple Avenue

Suite, Apt. #, etc.

City & State

Morristown, NJ

Zip
07960

Country
USA

3. Mailing Office Address

22 Maple Avenue

Suite, Apt. #, etc.

City & State

Morristown, NJ

Zip

07960

Country

USA

4. State/Country of Formation

New Jersey

5. Date Organized or Qualified
To Do Business in Florida

7/18/2008

6. FEI Number

22-3788822

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:

ldemarzo@hampshireco.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

Sue G. Knight
Assistant Vice President

Date 10-9-13

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
mgr	The Hampshire Generational Fund LLC	22 Maple Avenue	Morristown, NJ 07960

REINSTATEMENT

OCT 9 2013

R. HUNT

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

Oct. 8, 2013

Daytime Phone # 973-898-7292

Typed or printed name of signing Managing Member/Manager Mark S. Rosen, Senior Vice President



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 838438 7462880

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 238.75

ORDER DATE : October 8, 2013

ORDER TIME : 10:08 AM

ORDER NO. : 838438-005

CUSTOMER NO: 7462880

REINSTATEMENT

NAME: HGF LAKE JACKSON GP, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS

OCT --9 2013

R. HUNT

RECEIVED
DEPARTMENT OF STATE
13 OCT -9 AM 10:55