FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT #M10000004148

1. Limited Liability Company's Name
CT/HX, LLC

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 6001 Pelican Bay Blvd | | 6001 Pelican Bay Blvd | |
| Suite, Apt. #, etc. 604 | | Suite, Apt. #, etc. 604 | |
| City & State Naples, FL | | City & State Naples, FL | |
| Zip 34108 | Country USA | Zip 34108 | Country USA |

4. State/Country of Formation: Maryland

5. Date Organized or Qualified To Do Business in Florida: 09/21/2010

6. FEI Number: 26-2580026 [ ] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Gilbert F. Morin

Street Address (P.O. Box Number is Not Acceptable): 6001 Pelican Bay Blvd

Suite, Apt. #, Etc.: 604

City: Naples State: FL Zip Code: 34108

9. I hereby appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Gilbert F. Morin Date: 02/27/2014

REGISTERED AGENT MUST SIGN Gilbert F Morin

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---|---|---|---|
| MGR | Kevin P. Morin | 6001 Pelican Bay Blvd, # 604 | Naples, FL 34108 |
| MGR | Michael J. Morin | 6001 Pelican Bay Blvd, # 604 | Naples, FL 34108 |
| | | | |
| | | | |
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| | | | |

REINSTATEMENT
MAR 5 2014
R. HUNT

11. E-mail Address: clowery@morinllc.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: 02/27/2014 Daytime Phone #: 301-939-2930

Typed or printed name of signing Authorized Representative/Manager

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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**LIMITED LIABILITY REINSTATEMENT**
**CT/HX, LLC**

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MAR 5 2014
R. HUNT

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