

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 APR 23 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

HWF Capital Management, L.L.C.

REINSTATEMENT

2000
2001

2. Principal Office Address

1601 Elm Street

Suite, Apt. #, etc.

Suite 4000

City & State

Dallas, Texas 75201

Zip

75201

Country

USA

3. Mailing Office Address

1601 Elm Street

Suite, Apt. #, etc.

Suite 4000

City & State

Dallas, Texas 75201

Zip

75201

Country

USA

4. State/Country of Formation

Texas

**5. Date Organized or Qualified
To Do Business in Florida**

January 13, 1999

6. FEI Number

75-2793646

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Maria Ozaeta

Maria Ozaeta
Assistant Secretary

Date

4-20-01

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 | Clark K. Hunt | 1601 Elm Street, Ste. 4000 | Dallas, Texas 75201 |
| MGR | Alberto Franco | 2875 North East 191 Street Suite 904 | Aventura, Florida 33180 |
| | | | 200004076942-2 -04/25/01--01045--025 *****50.00 *****50.00 |
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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

Clark K. Hunt

Date

4/12/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Clark K. Hunt, Manager

CR2E041 (9/00)