

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

M
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -6 AM 9:42

DOCUMENT # **M99000001362**

1. Limited Liability Company's Name

HCI of Largo, LLC

9/29/00

2. Principal Office Address

**C/O CAMBRIDGE
1717 MAIN STREET
59th Floor**

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DALLAS, TX

City & State

Zip

Country

75201

Zip

Country

4. State/Country of Formation

Alabama/ Shelby County

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

8-30-99

6. FEI Number

02-1232511

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

C.T. Corporation System

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

1200 South 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 **2-16-01**

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
MGRM	Jean-Claude Saada	1717 MAIN STREET	Dallas, TX 75201
MGRM	William C. HARLAN	3800 Colonnade Pkwy Suite 450	Birmingham, AL 35243

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

[Signature]

Date **2-15-01**

Daytime Phone #

214-871-7337

Typed or printed name of signing Managing Member/Manager