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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY -9 AM 10: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009033805
11/15/02--01102--001 **150.00

1. DOCUMENT # L01000012411

Name and Mailing Address

000005753 01 FP 0.352 **PRSRT T8 0 0615 34209-193004
HARGREAVES PROPERTIES, LLC
604 51ST NW
BRADENTON FL 34209-1930

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. ~~Date Organized or Qualified~~
To Do Business in Florida 07/26/2001

Principal Place of Business
604 51ST NW
BRADENTON FL 34209

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 65-1153669 ☐ Applied For ☐ Not Applicable

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

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

DORMAN, LORI M ESQ.
2401 MANATEE AVE. WEST
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name: Kathleen A Hargreaves
Street Address (P.O. Box Number is Not Acceptable): 604 51st Street NW
City: Bradenton FL Zip Code: 34209

10. 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 K Hargreaves Date 5/1/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HARGREAVES, JOHN R	604 51ST NW	BRADENTON FL 34209
MGR	HARGREAVES, KATHLEEN A	604 51ST NW	BRADENTON FL 34209

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12. 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 11/11/02 Daytime Phone # (941) 7586730

Typed or printed name of signing Managing Member/Manager