

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 30 PM 1:31

DOCUMENT # L13000108776

1. Limited Liability Company's Name

Harbor View Innovation Center, LLC

2. Principal Office Address - No P.O. Box # 822 A1A North		3. Mailing Office Address 822 A1A North	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL	
Zip 32082	Country U.S.	Zip 32082	Country U.S.

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 8/1/2013	
6. FEI Number 61-1735025 (see attachment)	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name HVA Holdings LLC		
Street Address (P.O. Box Number is Not Acceptable) Suite, 822 A1A North		
Apt. #, Etc. Suite 200		
City Ponte Vedra Beach	State FL	Zip Code 32082

400280497814
12/30/15--01030--009 **238.75

9. I, being 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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 12/29/15

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
MRGM	Carolyn Mathis	822 A1A North, Suite 200	Ponte Vedra Beach, FL 32082
MRGM	John Mathis	822 A1A North, Suite 200	Ponte Vedra Beach, FL 32082
MRGM	Jim Philip	822 A1A North, Suite 200	Ponte Vedra Beach, FL 32082
REINSTATEMENT			S. HAWKES DEC 31 AM. EXAMINER

11. E-mail Address: cmathis@hvadvisors.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *[Signature]* Date 12/29/15 Daytime Phone # 904-834-4289
Typed or printed name of signing authorized representative/member Carolyn Mathis