

L02000018720

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

04 MAY 17 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000018720

1. Limited Liability Company's Name
HARDING LLC

900032981159
05/17/04--01081--004 **50.00

900032981159
04/16/04--01079--001 **150.00

2. Principal Office Address 2645 NE 207 ST		3. Mailing Office Address 2645 NE 207 ST	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State AVENTURA FL		City & State AVENTURA FL	
Zip 33180	Country	Zip 33180	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 07/24/2002	
6. FEI Number 81-0606366	Applied For 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 GUZMAN MARIO			
Street Address (P.O. Box Number is Not Acceptable) 9130 DADELAND BLVD			
Suite, Apt. #, Etc. 1504			
City MIAMI		State FL	Zip Code 33156

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 _____ Date 4/7/04

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
D	AVAKIAN ADOLFO DANIEL	21055 YACHT CLUB DR # 2303	AVENTURA FL 33180

REINSTATEMENT

2003-
2004-1 JB

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 _____ Date 04/06/04 Daytime Phone# 786 2563815

Typed or printed name of signing Managing Member/Manager AVAKIAN ADOLFO DANIEL (D)