

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 DEC 12 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000012942

Name and Mailing Address

0000423 01 FP 0.352 **PRSR T2 0 0615 32746-412565

ROBERT L. HARRIS ENTERPRISES, LLC

265 SNOW FIELD RUN
C/O ROBERT L. HARRIS
HEATHROW FL 32746-4125

000009213610
11/25/02--01094--001 **150.00



CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/23/2000	
Principal Place of Business 265 SNOW FIELD RUN C/O ROBERT L. HARRIS HEATHROW FL 32746	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3670626 APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent HARRIS, ROBERT L JR. 265 SNOW FIELD RUN HEATHROW FL 32746		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u>Robert L. Harris</u> Date <u>11-18-02</u> 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	HARRIS, ROBERT L JR.	265 SNOW FIELD RUN	HEATHROW FL 32746
REINSTATEMENT			
TB			

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 Robert L. Harris Date 11-18-02 Daytime Phone #

Typed name of signing Managing Member/Manager