

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -6 AM 10:21

<b>DOCUMENT # L00000012942</b>	
1. Entity Name ROBERT L. HARRIS ENTERPRISES, LLC	

Principal Place of Business 265 SNOW FIELD RUN C/O ROBERT L. HARRIS HEATHROW, FL 32746	Mailing Address 265 SNOW FIELD RUN C/O ROBERT L. HARRIS HEATHROW, FL 32746
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2. Principal Place of Business 5036 DR. Phillips Blvd Suite, Apt. #, etc. Ste. 186 City & State Orlando, FL Zip 32819 Country USA	3. Mailing Address 5036 DR. Phillips Blvd Suite, Apt. #, etc. Ste. 186 City & State Orlando, FL Zip 32819 Country USA
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01262005 REIN-LLC CR2E101 (6/04)

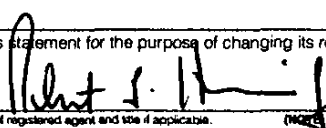
4. FEI Number 59-3670626	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRIS, ROBERT L JR. 265 SNOW FIELD RUN HEATHROW, FL 32746
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7. Name and Address of New Registered Agent Name Robert Harris Street Address (P.O. Box Number is Not Acceptable) 11015 Hawkshood Ct City Windermere FL Zip Code 34786
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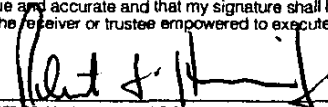
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 6-28-05 (Note: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRIS, ROBERT L JR. 265 SNOW FIELD RUN HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 6-26-05 Date	DAYTIME PHONE #
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