

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 NOV 24 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000016109

**1. Limited Liability Company's Name**

HARLEY MACHINE TOOLS LLC

**2. Principal Office Address**

14050 VANGUARD WAY

Suite, Apt. #, etc.

WYNDHAM LAKES

City & State

ODESSA, FLORIDA

Zip

33556

Country

U.S.A.

**3. Mailing Office Address**

14050 VANGUARD WAY

Suite, Apt. #, etc.

WYNDHAM LAKES

City & State

ODESSA, FLORIDA

Zip

33556

Country

U.S.A.

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

DEC. 27-2000

**6. FEI Number**

59-3688558

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

HARLEY, DONALD L

Street Address (P.O. Box Number is Not Acceptable)

14050 VANGUARD WAY, WYNDAM LAKES

Suite, Apt. #, Etc.

City

ODESSA,

State

FL

Zip Code

33556

**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

*D Harley*

Date 11-20-04

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
P/D/T	HARLEY, DONALD L.	14050 VANGUARD WAY, WYNDAM LAKES, ODESSA, FL	33556
S/D	HARLEY, ELEONORE H.	14050 VANGUARD WAY, WYNDAM LAKES, ODESSA, FL	33556

REINSTATEMENT *04*

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11/01/04-01063-007  
\*236.25

**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

*D Harley*

Date

11-20-04

Daytime Phone #

813-792-9714

Typed or printed name of signing Managing Member/Manager

DONALD L. HARLEY

CR2E041 (9/01)