

L01000010070

APPROVED AND FILED
03 OCT 22 2003
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L01000010070**
1. Limited Liability Company's Name
HARTFORD FINANCIAL, LLC

REINSTATEMENT

2002-2003

2. Principal Office Address 6282 N.W. 23rd Street		3. Mailing Office Address 6286 N.W. 23rd Street		4. State/Country of Formation Florida, USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida June 22, 2001	
City & State Boca Raton, Florida		City & State Boca Raton, Florida		6. FEI Number 59-3726552 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 33434	Country USA	Zip 33434	Country USA	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Patterson Bond & Latshaw, P.A.**

Street Address (P.O. Box Number is Not Acceptable) **3010 South Third Street**

Suite, Apt. #, Etc.

City **Jacksonville Beach** State **FL** Zip Code **32250**

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 *[Signature]* Date **8/13/2003**

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
MGR	Mrudula Patel	6286 N.W. 23rd Street	Boca Raton, Florida 33434
MGR	Prakash Patel	6286 N.W. 23rd Street	Boca Raton, Florida 33434

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 **M. P. Patel** Date **7-14-03** Daytime Phone # **561-245-1208**

Typed or printed name of signing Managing Member/Manager **Mrudula Patel**

CR2E041 (10/02)