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REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

MPLETING THIS FORM: 36 STORE JARY OF STATE TALT AHASSEE, FLORIDA

	—	10.000010070
DOCU	MENT#	拉01000010070

1. Limited Liability Company's Name

HARTFORD FINANCIAL, LLC



2. Principal Office Address 6282. N.W. 23rd Street Suite, Apt. #, etc. City & State Boca Raton, Florida Zip Country USA		3. Malling Office Address 6286 N.W. 23rd Street Suite, Apt. #, etc. City & State Boca Raton, Florida		4. State/Country of Formation
				Florida, USA 5. Date Organized or Qualified
				To Do Business in Florida June 22, 2001
		33434	USA	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
		8. Name	and Address of Current I	Registered Agent
Nar	Patterson Bond	d & Latshaw. P.	Α.	

00707		_ 00707				for a Certificate of St
		8.	Name and Address of Current Regist	ered Agent		
	Name Patterson Bo	ond & Latshaw	, P.A.		·	~*****41 g**** _ 44
	Street Address (P.O. Box Nu	nber is Not Acceptable)	3010 South Third Stree		12428 -010170	32 **150.00
	Suite, Apt. #, Etc.					
	Jacksonville E	each		State FL	Zip Code 32250	
9. 1, being :	appointed the registered agent of	of the above named limite	ed lial lility company, am familiar with an	d accept the obligations of Cl	napter 608, F.S.	.

Signature o Registered	Agen Allum	AGENT MUST SIGN	Date 8/13/2003
10. Nam	es and Street Addresses of Managing Members/Manag	gers	
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	7 6286 N.W. 23rd Street	Boca Raton, Florida 33434
		111/30	/ 0301017033 **55.00
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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 Manager M. P. Pa Hell	Date 7-14 - 03 Daytir	me Phone# 561-245-1208
V Typad or printed name of signing Managing Member/Manager	Mrudula Patel	