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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
General Counsel  
Secretary of State  
DIVISION OF CORPORATIONS

**L01000015189**

APR 11 2001  
AHD  
FILED

03 OCT 22 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015189

Name and Mailing Address

0011594 01 AT 0.292 \*\*AUTO T3 0 0615 33404-175815



HARLEY MANUFACTURING, L.L.C.  
3715 FISCAL COURT  
RIVIERA BEACH FL 33404-1758



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/06/2001	
Principal Place of Business 3715 FISCAL COURT RIVIERA BEACH FL 33404	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1138987	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  HARLEY, RICHARD L 3715 FISCAL COURT RIVIERA BEACH FL 33404		9. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  3000024012523 10/22/03-01036-009-**150-00 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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/20/03

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
MGRM	HARLEY, RICHARD L	3715 FISCAL CT	WEST PALM BEACH FL 33404
MGRM	HARLEY, CRAIG R	3715 FISCAL CT	WEST PALM BEACH FL 33404

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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

SIGNATURE REQUIRED

Date

10/20/03

Daytime Phone # 561 841 9887

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)