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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
L01000015189
FLORIDA DEPARTMENT OF STATE
Division of Corporations

APPROVED AND 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 City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3715 FISCAL COURT RIVIERA BEACH FL 33404		5. Date Organized or Qualified To Do Business in Florida 09/06/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1138987	
		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) 300024012523 10/22/03 01036 009 FL 150-00 City
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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] **SIGNATURE REQUIRED** Date 10/20/03
REGISTERED AGENT MUST SIGN

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

REINSTATEMENT 203
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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] **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # 561 841 9887
Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)