PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L01000019845

FILED
03 MAY 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/22/03--01013--003 **205.00

DOCUMENT # L01000019845

1. Limited Liability Company's Name
HARBOUR ENTERPRISES L.L.C

2. Principal Office Address	3. Mailing Office Address
5555 Collins Av.	5555 Collins Av.
Suite, Apt. #, etc. SUITE 11-C	Suite, Apt. #, etc. SUITE 11-C
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33140 Country USA	Zip 33140 Country USA

4. State/Country of Formation FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida 11/13/2001

6. FEI Number 65-1153706 ☐ 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 JEFFREY L. GREENBERG, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc. SUITE 304-D

City BOCA RATON State FL Zip Code 33431

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 _____ Date 4/25/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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.	Hector Sanguinetti	5555 Collins Ave. Suite 11-C	Miami, FL 33140

REINSTATEMENT 02-03-as
dcl

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 _____ Date 4/25/2003 Daytime Phone # 954 345 6196

Typed or printed name of signing Managing Member/Manager HECTOR SANGUINETTI