

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 PM 6:51

1. DOCUMENT # L02000005121

Name and Mailing Address

0001459 01 AT 0.292 \*\*AUTO T7 3 0615 32174-191699  
HARRIS VILLAGE & R.V. PARK, LLC  
1080 NORTH U.S. HIGHWAY 1  
ORMOND BEACH FL 32174-1916

900024528959  
11/10/03--01006--018 \*\*155.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/27/2002	
Principal Place of Business 1080 NORTH U.S. HIGHWAY 1 ORMOND BEACH FL 32174	3. New Principal Place of Business Address	6. FEI Number 71-0881369	Applied For Not Applicable
City, State, Zip		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 HARRIS, MARIE 1080 NORTH U.S. HIGHWAY 1 ORMOND BEACH FL 32174		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 SIG Marie Harris Date 11-1-03

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	HARRIS, MARIE	1080 NORTH U.S. HIGHWAY 1	ORMOND BEACH FL 32174
MGRM	THOMPSON, JERALD P SR.	1080 NORTH U.S. HIGHWAY 1	ORMOND BEACH FL 32174

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 SIG Marie Harris Date 11-1-03 Daytime Phone # 386-673-0494

Typed or printed name of signing Managing Member/Manager