L02000005849 LR 05/20/04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 AM 10:1

DOCUMENT # L02000005849

1. Limited Liability Company's Name
HARLEV, L.L.C.

REINSTATEMENT 2003 - 2004

2. Principal Office Address	3. Mailing Office Address
25350 U.S. Highway 19 North	25350 U.S. Highway 19 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 34623 Country: USA	Zip: 34623 Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 03/12/2002

6. FEI Number: 04-3666795 ☐ 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: Marc Birnbaum, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1031 Ives Dairy Road

Suite, Apt. #, Etc.: 228

City: Miami State: FL Zip Code: 33179

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: [signature] (REGISTERED AGENT MUST SIGN.) Date: 5/17/04

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	Herzberg, Sam	25350 U.S. Highway 19 North	Clearwater, FL 34623
		2003 -	
	REINSTATEMENT	2004	

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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 Managing Member/Manager: [signature] Date: 4.30.2004 Daytime Phone #: 727-796-1955

Typed or printed name of signing Managing Member/Manager: Sam Herzberg, Manager