

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 29 AM 8:25

DOCUMENT # L 02000010353

1. Limited Liability Company's Name

THE HARRIS FAMILY, L.L.C.

2. Principal Office Address

1615 HUFFINGHAM ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

1615 HUFFINGHAM ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA.

City & State

JACKSONVILLE, FLA.

Zip

32216

Country

USA

Zip

32216

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

4/30/2002

6. FEI Number

20-1659820

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

Mr. Lake Ray, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1615 HUFFINGHAM ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

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

Lake Ray Jr.

REGISTERED AGENT MUST SIGN

Date 12-23-05

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.	WILLIAM E. HARRIS	51 GOLF CIRCLE	ATLANTA, GA. 30309

REINSTATEMENT

03-05

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12/29/05 01017 005 \*\*250.00

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

William E. Harris

Date 12/20/05

Daytime Phone # 404-626-2990

Typed or printed name of signing Managing Member/Manager

William E. Harris