

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L02000015110

1. Limited Liability Company's Name

HARCO COMPANY OF JACKSONVILLE, LLC

MJH

2. Principal Office Address

655 WEST PROSPECT RD

3. Mailing Office Address

P.O. BOX 950716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND PARK

City & State

LAKE MARY

Zip

33309

Country

BROWARD

Zip

32795

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/18/2002

6. FEI Number

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

VERA PERSAUD

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

655 W Prospect Rd.

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33309

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

*Vera Persaud*

REGISTERED AGENT MUST SIGN

Date 10-22-03

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	PERSAUD, HARRY	655 W PROSPECT RD.	OAKLAND PARK, FL 33309
MGR	PERSAUD, VERA	655 W PROSPECT RD	OAKLAND PARK, FL 33309

REINSTATEMENT

2003

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

*Vera Persaud*

Date 10-22-03 Daytime Phone# 954-928-1600

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)