

FILED



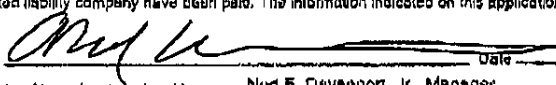
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/12/10--01060--006 **1071.25

CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000024296			
1. Limited Liability Company's Name			
HARON CAY, LLC			
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
15106 Palmwood Road		2318-A South Shepherd Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Suite 447	
City & State		City & State	
Palm Beach Gardens, FL		Houston, TX	
Zip	County	Zip	Country
33410		77019	
4. State/Country of Formation			
Florida			
5. Date Organized or Qualified To Do Business in Florida			
09/18/2002			
6. FBI Number			Applied For
760717281			Not Applicable
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			
Name			
Gregory R. Cohen			
Street Address (P.O. Box Number is Not Acceptable)			
712 U.S. Highway One			
Suite, Apt. #, Etc.			
Suite #400			
City		State	Zip Code
North Palm Beach		FL	33408
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
			6/10/2010
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ned E. Davenport, Jr.	2318-A South Shepherd Dr., Suite 447	Houston, TX 77019
REINSTATEMENT-04-10			
11. E-mail Address: axc@floridax.com (To be used for future annual report notifications)			
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			Date
			6/10/2010
Typed or printed name of signatory Managing Member/Manager: Ned E. Davenport, Jr., Manager			

C.S.