

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
08 APR 14 PM 2:49

DOCUMENT # L02000027945

1. Limited Liability Company's Name

Harbor One Financial, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

1642 N. Volusia Avenue

Suite, Apt. #, etc.

Suite 201

City & State

Orange City, Florida

Zip

32763

Country

USA

3. Mailing Office Address

1918 Bay Lake Way

Suite, Apt. #, etc.

City & State

Port Orange, Florida

Zip

32128

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/22/2002

6. FEI Number

33-1210578

☒ 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

Michael Steven Moore

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

1642 N. Volusia Avenue

Suite, Apt. #, Etc.

Suite 201

City

Orange City

State

FL

Zip Code

32763

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Michael A. Moore

Date 04/08/2008

REGISTERED AGENT MUST SIGN

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
MGRM	Michael Steven Moore	1918 Bay Lake Way	Port Orange, Florida 32128
MGR	Michael Ray Moore	12 Scott Lane	Rockledge, Florida 32955

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REINSTATEMENT
06-08

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

Michael A. Moore

Date 04/08/2008

Daytime Phone # (386) 316-3355

Typed or printed name of signing Managing Member/Manager Michael Steven Moore