PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000028285

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda Hood
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 29 AM 8:01

CR 01/08/04

1. DOCUMENT #   L02000028285

Name and Mailing Address

0003181 01 AT 0.292 **AUTO   T4 0 0615 32780-258091

HARBOR TOWNE DEVELOPERS, L.L.C.
791 E. PLANTATION DR.
TITUSVILLE FL 32780-2580

REINSTATEMENT 2003

| 2. New Mailing Address | 4. State/Country of Formation |
| | FL |

| City, State, Zip | 5. Date Organized or Qualified To Do Business in Florida | 10/24/2002 |

Principal Place of Business	3. New Principal Place of Business Address	6. FEI Number	Applied For
791 E. PLANTATION DR. TITUSVILLE FL 32796	791 PLANTATION DRIVE	01-0761294	Not Applicable
	City, State, Zip Titusville FL 32780	7. CERTIFICATE OF STATUS DESIRED ☐	$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
EVANS, JOHN H ESQ. 1702 S. WASHINGTON AVE. TITUSVILLE FL 32780	Name
	Street Address (P.O. Box Number is Not Acceptable)
	400025813594 12/29/03--01050--019 **150.00
	City FL Zip Code

10. 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 REQUIRED _____   Date 12/11/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GRUPP, OTTO	791 E. PLANTATION DR.	TITUSVILLE FL 32796 32780

REINSTATEMENT 2003

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 _____ SIGNATURE REQUIRED _____   Date 12/14/03   Daytime Phone # 321 269 0519

Typed or printed name of signing Managing Member/Manager _____

CR2E034 (7/03)