


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000001820		
1. Entity Name HARIBOL LLC		

Principal Place of Business 3102 BUTTONWOOD PLACE PUNTA GORDA, FL 33950	Mailing Address 3102 BUTTONWOOD PLACE PUNTA GORDA, FL 33950
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2. Principal Place of Business 29001 TORTOISE TR Suite, Apt. #, etc.	3. Mailing Address 29001 TORTOISE TR Suite, Apt. #, etc.
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City & State PUNTA GORDA, FL	City & State PUNTA GORDA, FL
Zip 33982	Country USA
Zip 33982	Country USA

FILED
2004 DEC 29 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12282004 REIN-LLC CR2E101 (6/04)

4. FEI Number 51-0456650	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PRESTON, ROBERT 3102 BUTTONWOOD PLACE PUNTA GORDA, FL 33950	7. Name and Address of New Registered Agent Name PRESTON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 29001 TORTOISE TR. City PUNTA GORDA FL Zip Code 33982
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert Preston ROBERT PRESTON, MEMBER 12/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MGRM GWEN C. PRESTON 29001 TORTOISE TR. PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER (MGRM) ROBERT PRESTON 29001 TORTOISE TR. PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200043709512 12/29/04--01057--002 **\$5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert Preston, ROBERT PRESTON, MEMBER 12/28/04 505-1340
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #