


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV -9 PM 12: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000021579 1. Entity Name HARANDVEST, L.L.C.	
---	---

Principal Place of Business 222 WEST MAITLAND BLVD. MAITLAND, FL 32751	Mailing Address 222 WEST MAITLAND BLVD. MAITLAND, FL 32751
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---



11012004 REIN-LLC CR2E101 (6/04)

4. FEI Number 58-2674433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent PEACOCK, THOMAS E 222 WEST MAITLAND BLVD. MAITLAND, FL 32751	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *Thomas E. Peacock* DATE 11/4/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State
--	--	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIEBARTH, LAWRENCE W 1661 CARLTON STREET LONGWOOD, FL 32750	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEACOCK, THOMAS E 815 WEST LAKE CATHERINE DRIVE MAITLAND, FL 32751	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">100042612841</div> 11/09/04--01094--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg); opacity: 0.5;">REINSTATEMENT 04 BIA</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: *Thomas E. Peacock* DATE: 11/4/04 DAYTIME PHONE #: 407-644-2656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #