

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
05 DEC -5 AM 9:05

DOCUMENT # 103000031394

1. Limited Liability Company's Name

H & R Properties, LLC

600061913776
12/05/05--01063--003 **150.00

CR2E041 (8/05)

2. Principal Office Address

4507 Huntsman Ct.
Suite, Apt. #, etc.

3. Mailing Office Address

SAUF
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624 Hillsborough

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8-15-03

6. FEI Number

84-1693781

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

F. Lorraine JAHN

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

The Solomon Tropp Law Group

Suite, Apt. #, Etc.

1881 W. Kennedy Blvd.

City

Tampa

State

FL

Zip Code

33606

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

F. Lorraine Jahn
REGISTERED AGENT MUST SIGN

Date 10-25-05

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
Mgt	Harriet N. Levi	4507 Huntsman Ct	Tampa, FL 33624

REINSTATEMENT 04-05

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

Harriet N. Levi

Date 11/10/05

Daytime Phone # 813-968-9625

Typed or printed name of signing Managing Member/Manager

Harriet N. Levi