

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000031437

1. Entity Name
HARRIS OIL SPILL SOLUTIONS, LLC



Principal Place of Business
110 NE 2 PLACE
DANIA BEACH, FL 33004

Mailing Address
110 NE 2 PLACE
DANIA BEACH, FL 33004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012004 REIN-LLC CR2E101 (6/04)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, MARK R
110 NE 2 PLACE
DANIA BEACH, FL 33004

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 Mark Harris

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-10-04

DATE

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
MGR
HARRIS, MARK R
110 NE 2 PLACE
DANIA BEACH, FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000042762000
11/15/04--01081--003 **155.00 ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Mark Harris

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

11-10-04

Date

Daytime Phone #

FILED

2004 NOV 15 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

