

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

07 JUN -6 PM 3:50

DOCUMENT # L03000033154

1. Limited Liability Company's Name

Harrison, Elliott & Brown, LLC

600104120176
06/08/07--01033--021 **300.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

195 Wekiwa Springs Rd

Suite, Apt. #, etc.

Suite 310

City & State

Longwood FL

Zip

32779

Country

Seminole

3. Mailing Office Address

195 Wekiwa Springs Rd

Suite, Apt. #, etc.

310

City & State

Longwood, FL

Zip

32779

Country

Seminole

4. State/Country of Formation

Florida / Seminole

**5. Date Organized or Qualified
To Do Business in Florida**

8/29/03

6. FEI Number

05-0585391

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

Henry Harrison

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

7210 Oak Meadows Cr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Henry Harrison

REGISTERED AGENT MUST SIGN

Date 3-28-07

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
MGRM	Henry Harrison	7210 Oak Meadows Cr	Orlando, FL 32835

REINSTATEMENT 06-07 RCH

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

Henry Harrison

Date 3-28-07

Daytime Phone # 407 682 2001

Typed or printed name of signing Managing Member/Manager

Henry Harrison