PLEASE READ ALL-INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
LIMITED LIABILITY COMPANY REINSTATEMENT			FILED 08 MAR 27 PH 3: 50		
DOCUMENT # 203 000053684 1. Limited Liability Company's Name			SECRETARY OF STATE TALLAHASSEE FLORIDA	SECRETARY OF STATE TALLAHASSEE FLORIDA	
HAR MARBI, LLC					
				. a.	
			100120970921 03/24/08明観2 <sup>14</sup> 初初)**188.75		
2. Principal Office Address - No P.O. Box # 2225 SW 19 AVE	3. Mailing Office Address		4. State/Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FLORIDA	FLORIDA	
			5. Date Organized or Qualified To Do Business in Florida /2/)7/03		
City & State MiAMi, FL	City & State		6. FEI Number	Applied For	
Zip Country	Zip	Country	265475640 7. X \$5.00 Addition	Not Applicable	
33145 DADE		······	CERTIFICATE OF STATUS DESIRED S5.00 Addition	ificate of Status	
8. Name and Address o		ənt			
ALBERT BUEND			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
Street Address (P.O. Box Number is Not Acceptable)			receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc.			not received and requesting t	not received and requesting the \$100	
City MiAM; State FL 33/45-			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	Date 3/4/00	8			
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Street Address of Eac Managing Members/Managers Managing Member/Mana					
MGRM HARRY LONG	SRM HARRY LONG 6619 NW 18 A		IE MIAMI, FL 3	3147	
RENSTATEMENT 03/07/08-01003-004-#332.50					
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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 Manager May M Jone Date 2/19/08 Daytime Phone# 786-587-4594					
Typed or printed name of signing Managing Member/Manager					