


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

#50-0

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 AM 8:47

DOCUMENT # L04000051656 1. Entity Name HARKAY PROPERTIES, LLC					
Principal Place of Business 3998 COUNTY ROAD 199 BRYCEVILLE, FL 32009			Mailing Address 3998 COUNTY ROAD 199 BRYCEVILLE, FL 32009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	09262006 REIN-LLC CR2E101 (11/05)	
4. FEI Number APPLIED FOR				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 AKEL, DANIEL D ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202-5059			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 STOKES, HAROLD F 3998 COUNTY ROAD 199 BRYCEVILLE, FL 32009		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		800081824088 11/15/06--01052--014 **200.00		
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		
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		
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 exemptions contained in Chapter 119, 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: <i>Harold F. Stokes</i>			11-9-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

Harold F. Stokes
3998 County Road 199
Bryceville, FL 32009

October 30, 2006

Florida Department of State
Secretary of State
Sue M. Cobb
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: Harkay Properties, LLC
Doc# L04000051656

Dear Ms. Cobb:

Enclosed please find a 2006 Limited Liability Company Reinstatement form. I am enclosing the \$50 annual report fee. I would like to respectfully request abatement of the \$150 reinstatement fee. At the time of the required annual renewal, I had to have open-heart surgery and was unable to attend to business matters. I am now able to return to my normal duties, however the filing deadline has passed.

Thank you for your understanding and consideration of this request.

Sincerely,



Harold F. Stokes, Manager