

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -5 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L04000061975

1. Limited Liability Company's Name

HARISSA, LLC

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

5800 PHILIPS HIGHWAY

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32216

Country

USA

3. Mailing Office Address

5800 PHILIPS HIGHWAY

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32216

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

8/20/04

6. FEI Number

830404481

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

ANDRE RICHA

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

5800 PHILIPS HIGHWAY

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

☐ 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

Andre Richa

REGISTERED AGENT MUST SIGN

Date 7/30/2008

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	ANDRE RICHA	5800 PHILIPS HIGHWAY	JACKSONVILLE, FL 32216
MGRM	NORMAN RICHA	5800 PHILIPS HIGHWAY	JACKSONVILLE, FL 32216
		300133864433 08/01/08--01030--006 **\$600.55	
		300133864433 08/01/08--01030--007 **\$54.45	
REINSTATEMENT		2005-2008	
		up 8/6/08	

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

Andre Richa

Date 7/30/2008

Daytime Phone# 904-720-0366

0366

Typed or printed name of signing Managing Member/Manager

Andre Richa