

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 21 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000065933

1. Limited Liability Company's Name

Harris Enterprise, LLC

700188905367
12/21/10--01038--004 **402.50
CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 8064 Sleepy Bay Blvd.		3. Mailing Office Address 8064 Sleepy Bay Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Navarre FL		City & State Navarre FL	
Zip 32566	Country USA	Zip 32566	Country USA

4. State/Country of Formation Florida/United States of America (USA)	
5. Date Organized or Qualified To Do Business in Florida 09/01/2004	
6. FEI Number 255215695	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Jimmy D. Harris		
Street Address (P.O. Box Number is Not Acceptable) 8064 Sleepy Bay Blvd.		
Suite, Apt. #, Etc.		
City Navarre	State FL	Zip Code 32566

KS
REINSTATEMENT 09-10

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 _____
REGISTERED AGENT MUST SIGN

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
MGR	Jimmy D. Harris	8064 Sleepy Bay Blvd.	Navarre FL 32566
MGR	Teresea L. Harris	8064 Sleepy Bay Blvd.	Navarre FL 32566

11. E-mail Address: jimmydeanharris@yahoo.com

(To be used for future annual report notifications)

12. 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 Jimmy D. Harris Date 12/20/10 Daytime Phone # 850-499-8958
Typed or printed name of signing Managing Member/Manager JIMMY D. HARRIS