

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 AM 8:48

DOCUMENT # L04000080702

1. Limited Liability Company's Name

HARBOR ACQUISITION, LLC

CR2E041 (8/05)

2. Principal Office Address

1515 International Pkwy

Suite, Apt. #, etc.

2013

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Heathrow, FL

City & State

Zip

32746

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA | US

5. Date Organized or Qualified
To Do Business in Florida

NOV 5, 2004

6. FEI Number

20-1888552

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

Agents and Corporations, Inc.

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

773 4th Avenue North

Suite, Apt. #, Etc.

Suite E

City

Naples

State

FL

Zip Code

34102

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

Dawn A. Williams
REGISTERED AGENT MUST SIGN

Date NOV 8, 2006

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	CHRISTOPHER M. SWARTZ	1515 International Pkwy	HEATHROW, FL 32746
			200091741282 11/13/06--01049--004 **205.00
			REINSTATEMENT 05-06

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

Christopher M. Swartz

Date 11/9/06

Daytime Phone # 407-448-9502

Typed or printed name of signing Managing Member/Manager

Christopher M. Swartz