

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC 30 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 050000 31431

1. Limited Liability Company's Name

HARBOR VILLAGE DEVELOPERS LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 52 CUMMINGS RD.		3. Mailing Office Address 52 CUMMINGS RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEWTON, MA		City & State NEWTON, MA	
Zip 02459	Country	Zip 02459	Country

4. State/Country of Formation

FL.

5. Date Organized or Qualified  
To Do Business in Florida

3-31-2005

6. FEI Number

202597577

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 WILLIAM C. UNDERDOWN

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

257 EAST 23 RD ST

Suite, Apt. #, Etc

City RIVIERA BEACH

State FL

Zip Code 33404

☐ 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

Date 12-22-08

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	RALPH D. TREPANIER	52 CUMMINGS RD	NEWTON CTR MA 02459
MGR	WILLIAM C. UNDERDOWN	257 E. 23RD ST	RIVIERA BEACH, FL 33404
	L. SELLERS		500139377145
	DEC 31 2008		12/30/08--01084--004 **377.50
	EXAMINER		REINSTATEMENT
			07-08

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

Date 12-24-08

Daytime Phone # 617 264 6909

Typed or printed name of signing Managing Member/Manager

RALPH D. TREPANIER