PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 17 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L05000045403

1. Limited Liability Company's Name

4 Harbors, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4280 Galt Ocean Dr.	Same as Principal off.
Suite, Apt. #, etc.: 12F	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33308 / Country: Broward	Zip / Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 5/9/2005

6. FEI Number: 20-329458 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Barry Harman
Street Address (P.O. Box Number is Not Acceptable): 4280 Galt Ocean Dr.
Suite, Apt. #, Etc.: 12F
City: Ft. Lauderdale | State: FL | Zip Code: 33308

☑ 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: Barry Harman — Date: 10/2/07
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
MGRM	Barry Harman	4280 Galt Ocean Dr. 12F	Ft. Lauderdale, FL 33308
			SUBTOTAL 10/10/07--01041--029 **150.00
	REINSTATEMENT 2006-2007 DB		

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: Barry Harman — Date: 10/2/07 — Daytime Phone #: 954-537-9090

Typed or printed name of signing Managing Member/Manager: BARRY HARMAN