

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 FEB 17 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300194264743  
02/15/11--01030--012 \*\*655.00

CR2E041 (1/11)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000050385

1. Limited Liability Company's Name

Harvey Family Enterprises, LLC

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 05/20/2005

6. FEI Number 20-2988584  
☐ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

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

34 Cache Cay Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Zip

32963

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Charles E. Garriss

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

819 Beachland Boulevard

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

E-mail Address:

diane@verotaxlaw.com

(To be used for future annual report notices)

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 2/10/11

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
P/MGR	Margaret N. Harvey	34 Cache Cay	Vero Beach, Florida 32963

REINSTATEMENT

08-11  
JH

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

Daytime Phone #

772-234-3173

Typed or printed name of signing Managing Member/Manager