

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 13 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000062957

1. Limited Liability Company's Name

HARBOR INN EQUITIES, LLC

CR2E041 (10/08)

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

C/O FINKLE & ROSS

Suite, Apt. #, etc.

600 OLD COUNTRY RD SUITE 435

City & State

GARDEN CITY, NY

Zip

11530

Country

USA

3. Mailing Office Address

C/O FINKLE & ROSS

Suite, Apt. #, etc.

600 OLD COUNTRY RD SUITE 435

City & State

GARDEN CITY, NY

Zip

11530

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida JUNE 24, 2005

6. FEI Number

20-3252972

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

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.

8. Name and Address of Current Registered Agent

Name

HUGH J. MIDDLEBROOKS

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

200 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34238

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

01/06/09

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	FULGORA LTD	45 WINE STREET	SILGO, REPUBLIC OF IRELAND

588148189855
01/06/09--01/03--025 **377.50

REINSTATEMENT

08-09

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 01/06/09

Daytime Phone# 516-294-0909

Typed or printed name of signing Managing Member/Manager EDWARD ROSS