

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 13 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000077986

1. Limited Liability Company's Name

Fort Harrison Investments, LLC

400162842634
11/16/09--01006--024 **238.75
CR2E041 (11/09)

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

16633 Ivy Lake Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Odena, FL

City & State

Zip

33556

Country

USA

Zip

Country

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

9/2/05

6. FEI Number

20-3413309

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

Michael Little / Johnson Pope, Baker, Ruppel

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

911 Chestnut St.

Suite, Apt. #, Etc

Clearwater

City

Clearwater

State

FL

Zip Code

33756

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/9/09

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
Mgt	Pater, Keith	16633 Ivy Lake Dr. #	Odessa, FL 33558
Mgt	Pater, Sachin	16633 Ivy Lake Dr.	Odessa, FL 33556

400162842634
05/14/10--01003--006 **177.50

REINSTATEMENT-08-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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 11/9/09

Daytime Phone #

813 765 0879

Typed or printed name of signing Managing Member/Manager