

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 22 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000110439

1. Entity Name
HARBOR AMERICA SPECIALTY BROKERAGE, LLC



Principal Place of Business
3210 JASMINE DRIVE
DEL RAY BEACH, FL 33483

Mailing Address
3210 JASMINE DRIVE
DEL RAY BEACH, FL 33483



03092007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #
3120 JASMINE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Del Ray Beach, FL
Zip
33483

City & State
Zip
Country

4. FEI Number
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANUSCHAK, MICHAEL S
3210 JASMINE DRIVE
DEL RAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3120 JASMINE DRIVE
Del Ray Beach FL Zip Code 33483

8. The undersigned hereby certifies that the information furnished for the purpose of changing the registered office of registered agent, or both, in the State of Florida, is true and correct, and I am familiar with, and accept the responsibility of the information.

SIGNATURE: DATE: 3/14/07

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
WALKER, RICK
21977 E. WALLIS
PORTER, TX 77365 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
HANUSCHAK, MICHAEL S
3210 JASMINE DRIVE
DEL RAY BEACH, FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
LOWERY, DOUGLAS L
21977 E. WALLIS
PORTER, TX 77365 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
TERRY L WITT
21477 E. WALLIS
PORTER, TX 77365 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100095221361
03/29/07--01025--004 **100.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
REINSTATEMENT 06-07 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 109, Florida Statutes. I further certify that the information indicated on this form is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the authorized representative empowered to execute the report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE: 3/14/07