

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000034778

1. Entity Name
HARVEST OF EMPIRE, LLC



SECRET
DIVISION

07 NOV 14 PM 2:52

Principal Place of Business
1000 UNIVERSITY STUDIOS PLAZA
BUILDING 22A, STE 247
ORLANDO, FL 32819

Mailing Address
1000 UNIVERSITY STUDIOS PLAZA
BUILDING 22A, STE 247
ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #
1000 UNIVERSAL STUDIOS PLAZA

3. Mailing Address
1000 UNIVERSAL STUDIOS PLAZA

Suite, Apt. #, etc.
BLDG 22 SUITE 235

Suite, Apt. #, etc.
BLDG 22 SUITE 235

11062007 REIN-LLC CR2E101 (1/07)

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
APPLIED FOR

Zip
32819

Country
US

Zip
32819

Country
US

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

6. Name and Address of Current Registered Agent

WHITACRE, WILLIAM L
1000 UNIVERSITY STUDIOS PLAZA
BUILDING 22A, STE 247
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name
WM. L. WHITACRE
Street Address (P.O. Box Number is Not Acceptable)
1000 UNIVERSAL STUDIOS PLAZA
BLDG 22, SUITE 235
City ORLANDO FL Zip Code 32819

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/6/07

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$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
THOMPSON, JACQUELINE
1000 UNIV. STUDIOS PLAZA, BLDG 22A, STE 247
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LOPEZ, EDUARDO
1000 UNIV. STUDIOS PLAZA, BLDG 22A, STE 247
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300112242083
11/13/07--01072--004 **50.00

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jaqueline Thompson, Manager

November 6 2007 301 928 2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #