

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO6000067602

1. Limited Liability Company's Name

HARRIS MERCER STEPHAN
AND SCHERT LLC

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

4631 NW 53 AVE

Suite, Apt. #, etc.

SUITE 104

City & State

GAINESVILLE, FL

Zip

32606

Country

US

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

←

City & State

←

Zip

←

Country

←

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified
To Do Business in Florida

7/6/2006

6. FEI Number

20-516186

☐ 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

JOHN D. SCHERT

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

5803 NW 67 COURT

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32653

☐ 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

John D Schert
REGISTERED AGENT MUST SIGN

Date 12/28/07

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
MEM	DEBORAH HARRIS	5803 NW 67 CT.	GAINESVILLE, FL 32653
MGR	KEN MERCER	2830 NW 27 TERR.	GAINESVILLE, FL 32605
MGR	MARY P STEPHAN	4608 SW 94 DR.	GAINESVILLE, FL 32608
MEM	JOHN D SCHERT	5803 NW 67 CT.	GAINESVILLE, FL 32653
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REINSTATEMENT 07 GA 1/8 CW			

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

John D. Schert

Date 12/28/07

Daytime Phone # 352-339-2010

Typed or printed name of signing Managing Member/Manager

JOHN D. SCHERT

\$ 100⁰⁰ + 5⁰⁰