

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 06 0000 8D435

1. Limited Liability Company's Name

HARBOUR ISLE I, LLC

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

1701 GULFSTREAM AVE

Suite, Apt. #, etc.

#711

City & State

FORT PIERCE FL

Zip

34949

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

8.15.2006

6. FEI Number:

20-8773179

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

CHARLES HAYEK

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

1701 GULFSTREAM AVE.

Suite, Apt. #, Etc.

STE. 711

City

FORT PIERCE

State

FL

Zip Code

34949

☒ 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 2/18/10

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	CHARLES HAYEK	1701 GULFSTREAM AVE #711	FORT PIERCE, FL 34949
M.M.	KATHLEEN GILMARTIN	SAME	
	S. HAWKES		S. HAWKES
	JUL 12 2010		MAR 12 2010
	EXAMINER REINSTATEMENT		EXAMINER
	2008-10		

\$416.25

400180800404

06/09/10--01003--001 **138.75

11. E-mail Address: CHARLIE@AWMCONSTRUCTION.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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 12-16-09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CHARLES HAYEK

FILED
10 APR 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400180800404
04/26/10--01006--004 **277.50

CR2E041 (11/09)

416.25 ✓