

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 JUL 16 PM 1:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO7000088908

1. Limited Liability Company's Name

RA Harper, LLC

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

213 N. Meridian St
Suite, Apt. #, etc.

3. Mailing Office Address

213 N. Meridian St
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

8. Name and Address of Current Registered Agent

Name

Jill B. Harper

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

213 N. Meridian St

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Jill B. Harper

REGISTERED AGENT MUST SIGN

Date

July 16, 2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>Mgr</u>	<u>Jill B. Harper</u>	<u>213 N. Meridian St</u>	<u>Tallahassee, FL 32301</u>

REINSTATEMENT 2011-2015

11. E-mail Address

Jillharper333@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Jill B. Harper

Date

7/16/15

Daytime Phone #

900 275 1275

Typed or printed name of signing authorized representative/member

J. HARPER