

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -8 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800163435608
12/08/09--01009--014 **138.75

CR2E041 (11/09)

DOCUMENT # L08000101409

1. Limited Liability Company's Name

D.L. HARRIS and Associates, LLC

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

427 Mercury Dr
Suite, Apt. #, etc.

3. Mailing Office Address

427 Mercury Dr
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32305

Country

USA

Zip

32305

Country

USA

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

10-29-08

6. FEI Number

20-2146511

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

Demetrius L. Harris

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

427 Mercury Dr

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/8/09

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
MBRM	Demetrius L. Harris	427 Mercury Dr	Tallahassee, FL 32305
MBRM	Joi S Brundwell	1701 Lake Brundwell Rd	Tallahassee, FL 32310
MBRM	Cornie Harris McFadden	10737 Bolyard Dr	Jacksonville, FL 32218

REINSTATEMENT 09

11. E-mail Address: ndemetrius@yahoo.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date 12/08/09

Daytime Phone # 850-459-2324

Typed or printed name of signing Managing Member/Manager