PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

16 SEP -8 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT
2014-2016

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000044491

1. Limited Liability Company's Name
HARVEST WAY, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1 Independent Dr.	Same
Suite, Apt. #, etc.: 20th Floor	Suite, Apt. #, etc.:
City & State: Jacksonville, FL	City & State:
Zip: 32202 Country: USA	Zip: Country:

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 05/07/2009

6. FEI Number: N/A — 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: Gresham R. Stoneburner

Street Address (P.O. Box Number is Not Acceptable) Suite,: 200 West Forsyth Street

Apt. #, Etc.: Suite 200

City: Jacksonville — State: FL — Zip Code: 32202

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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: Gresham Stoneburner — Date: 7/20/16

REGISTERED AGENT MUST SIGN

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
MGR	The Frances K Quaritius Credit Shelter TRS	1 Independent Dr., 20th FL	Jacksonville, FL 32202

11. E-mail Address: gstoneburner@jaxlawgroup.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: [signature] Date: 8-24-16 Daytime Phone #: (904) 351-7503

Typed or printed name of signing authorized representative/member: Kenneth R. Thompson, Jr., CTFA

K. ASHTON