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LIMITED LIABILITY REINSTATEMENT  
HARDING PLACE PARTNERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$521.25

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2015</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L12000075702</b> 1. Limited Liability Company's Name <b>HARDING PLACE PARTNERS, LLC</b>			
<b>2. Principal Office Address - No P.O. Box #</b> <b>11201 CORPORATE CIRCLE NORTH</b>		<b>3. Mailing Office Address</b> same as principal office	
Suite, Apt. #, etc. <b>SUITE 120</b>		Suite, Apt. #, etc. 	
<b>City &amp; State</b> <b>ST. PETERSBURG, FL</b>		<b>City &amp; State</b> 	
<b>Zip</b> <b>33716</b>	<b>Country</b> <b>U.S.</b>	<b>Zip</b> 	<b>Country</b> 
<b>4. State/Country of Formation</b> <b>FLORIDA</b>			
<b>5. Date Organized or Qualified To Do Business in Florida</b> <b>JUNE 8, 2012</b>			
<b>6. FFL Number</b>		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>7. CORPORATION OR STATUS REQUIRED</b> <input type="checkbox"/> <small>See 600 &amp; 601, F.S. for requirements for a corporation or status</small>			
<b>8. Name and Address of Current Registered Agent</b> Name <b>LISA SMITHSON</b> Street Address (P.O. Box Number if Not Acceptable) Suite, <b>11201 CORPORATE CIRCLE NORTH</b> Apt. #, Etc. <b>SUITE 120</b> City <b>ST. PETERSBURG</b>			
State <b>FL</b>		Zip Code <b>33716</b>	
<b>9. I, being appointed the registered agent of the above named limited liability company, do hereby wish and accept the obligations of Chapter 605, F.S.</b> Signature of Registered Agent <i>Lisa Smithson</i> Date <u>12/18/2015</u> <b>REGISTERED AGENT LISA SMITHSON</b>			
<b>10. Names and Street Addresses of Authorized Representatives/Managers</b>			
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City/State/Zip
MGR	DANIEL M. DOYLE, JR.	11201 CORPORATE CIRCLE NORTH	ST. PETERSBURG, FL 33716
MGR	DANIEL M. DOYLE, SR.	11201 CORPORATE CIRCLE NORTH	ST. PETERSBURG, FL 33716
<b>11. E-mail Address: fcn@macfar.com</b>			
<b>12. I certify that I am an authorized representative/manager of the receiver or trustee and warrant to certify 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 has satisfied the requirements of section 605.012, 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. 817.106, F.S.</b>			
Signature of authorized representative/manager <i>Lisa Smithson</i> Date <b>12/19/2015</b>		Daytime Phone <b>(727) 579-0383</b>	
Typed or printed name of signing authorized representative/manager <b>Lisa Smithson</b>			

K. ASHTON

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