
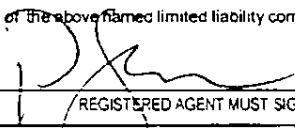
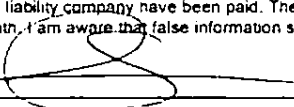


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L13000027274			
1. Limited Liability Company's Name HA & R LLC			
2. Principal Office Address - No P.O. Box # 79 TARA LAKES DRIVE Suite Apt # etc		3. Mailing Office Address 79 TARA LAKES DRIVE Suite, Apt #, etc.	
City & State W. BOYNTON BEACH, FL		City & State W. BOYNTON BEACH, FL	
Zip 33436	Country USA	Zip 33436	Country USA
4. State/Country of Formation FLORIDA / USA			
5. Date Organized or Qualified To Do Business in Florida 02/21/2013			
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name PEDRO P. SAEZ Street Address (P.O. Box Number is Not Acceptable) Suite 777 BRICKELL AVE Apt #, Etc SUITE 1110 City MIAMI State FL Zip Code 33131			
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  Date 10/09/2019 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	ROBENSON LAGUERRE	95/97 AV. DE VERDUN	ROMAINVILLE 93230 AF
11. E-mail Address psaez@saezlaw.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 		Date 10/09/2019 Daytime Phone # (305) 358-0028	
Typed or printed name of signing authorized representative/member ROBENSON LAGUERRE			

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CR2E041 (1/14)

FILED
19 OCT 10 PM 1:42
CLERK OF THE COURT
JANET M. HARRIS

BOF 2-0-2019

T SCHROEDER