

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 DEC 30 PM 1:31

**DOCUMENT # L13000108776**

1. Limited Liability Company's Name

Harbor View Innovation Center, LLC

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

822 A1A North

Suite, Apt. #, etc.

Suite 200

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

U.S.

3. Mailing Office Address

822 A1A North

Suite, Apt. #, etc.

Suite 200

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

U.S.

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 8/1/2013

6. FEI Number

61-1735025 (see attachment)

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

HVA Holdings LLC

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

822 A1A North

Apt. #, Etc.

Suite 200

City

Ponte Vedra Beach

State

FL

Zip Code

32082

400280487814  
12/30/15--01030--009 \*\*238.75

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/29/15

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
MRGM	Carolyn Mathis	822 A1A North, Suite 200	Ponte Vedra Beach, FL 32082
MRGM	John Mathis	822 A1A North, Suite 200	Ponte Vedra Beach, FL 32082
MRGM	Jim Philip	822 A1A North, Suite 200	Ponte Vedra Beach, FL 32082

**REINSTATEMENT**

**S. HAWKES**

DEC 31 A.M.

**EXAMINER**

11. E-mail Address: cmathis@hvadvisors.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]*  
Carolyn Mathis

Date 12/29/15

Daytime Phone #

904-834-4289

Typed or printed name of signing authorized representative/member