PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
18 MAY 10 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #: L13000139267

1. Limited Liability Company's Name
HARROW STREET LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1301 1st Street S.	29 Elm Rock Road
Suite, Apt. #, etc.: 1006	Suite, Apt. #, etc.:
City & State: Jacksonville Beach, FL	City & State: Bronxville, NY
Zip: 32250 Country: USA	Zip: 10708 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/02/2013

6. FEI Number: 47-2740406 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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 _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR,P	Beau Lescott	29 Elm Rock Rd	Bronxville, NY 10708

11. E-mail Address: lescott@gmail.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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 5/9/18 Daytime Phone # 917-842-7583

Typed or printed name of signing Authorized Representative/Manager: Beau Lescott

FLLC0 - 01/2014 Wolters Kluwer CCH

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
HARROW STREET LLC

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