

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L 93000000203

1. Limited Liability Company's Name

HARLEY-DAVIDSON REALTY, L.C.  
11193 N.E. 8<sup>TH</sup> CT.  
MIAMI, FL 33161-7205

2. Principal Office Address

19400 N.W. 2<sup>ND</sup> AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33169

Country

DADE

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6/29/93

6. FEI Number

65-0435993

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

Philip S. PETERSON

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

11193 N.E. 8<sup>TH</sup> CT.

Suite, Apt. #, Etc.

City

MIAMI, FL 33161-7205

State

FL

Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Philip S. Peterson  
REGISTERED AGENT MUST SIGN

Date Nov. 10, 1999

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of  
Managing Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

MAN

PETERSON ENTERPRISES OF DADE, Inc  
11193 N.E. 8<sup>TH</sup> COURT  
BISCAYNE PARK, FL 33161-7205

800003051998--9

11/22/99-01139-020

\*\*\*150.00 \*\*\*150.00

REINSTATEMENT 1999

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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.

Signature of  
Managing Member/Manager

Philip S. Peterson

Date 11-10-99 Daytime Phone # 305-651-4811

Typed or printed name of signing Managing Member/Manager

Philip S. PETERSON

CR2E041 (9/99)