

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 FEB 20 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L99 00000 1435

1. Limited Liability Company's Name

SAFE HARBOR CAPITAL MANAGEMENT, LLC

CR2E041 (12/07)

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

5002 W WATERS AVENUE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33634

Country

U.S.A.

3. Mailing Office Address

5002 W WATERS AVENUE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33634

Country

U.S.A.

4. State/Country of Formation

FLORIDA/U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

03/08/1999

6. FEI Number

59-3577344

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

DEAN G. TANELLA

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

5002 W WATERS AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33634

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date JAN. 11, 2008

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
PRES	DEAN G. TANELLA	5002 W WATERS AVENUE	TAMPA, FL 33634

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02/19/08--01006--008 \*\*416.25

REINSTATEMENT 06.08

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

Date FEB 11, 2008

Daytime Phone # 813-600-1414

Typed or printed name of signing Managing Member/Manager DEAN G. TANELLA