

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M0200000097


FILED

07 JAN 26 AM 9:26

TALLAHASSEE, FLORIDA

800086318818

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #M0200000097 1. Limited Liability Company's Name Harrisdirect, LLC			
2. Principal Office Address 501 Plaza II Suite, Apt. #, etc. Harborside Financial Center City & State Jersey City, New Jersey Zip 07311 Country USA		3. Mailing Office Address 4500 Bohannon Drive Suite, Apt. #, etc. City & State Menlo Park, California Zip 94025 Country USA	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida January 11, 2002	
6. FEI Number 133902248		<input 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	

06 Nht

8. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P O Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301-2525

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: Heather Chapman as its agent Date: 1/26/07

REGISTERED AGENT MUST SIGN

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
MGR	R. Jarrett Lilien	135 E. 57th Street	New York, New York 10022
MGR	Michael Curcio	135 E. 57th Street	New York, New York 10022
MGR	Shane Mulron	10951 White Rock Road	Rancho Cordova, CA 95670
REINSTATEMENT 2006-2007			

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: Shane Mulron Date: 1/23/2007 Daytime Phone #: (866) 789-0735

Typed or printed name of signing Managing Member/Manager: Shane Mulron



M0200000097

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 730541 7188063

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 200.00

ORDER DATE : January 25, 2007

ORDER TIME : 2:15 PM

ORDER NO. : 730541-010

CUSTOMER NO: 7188063

REINSTATEMENT

NAME: HARRISDIRECT, LLC

[Handwritten initials]

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____

RECEIVED
07 JAN 26 PM 2:53
DEPT. OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 JAN 26 AM 9:24
STATE OF FLORIDA
TALLAHASSEE, FLORIDA