

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
775800001463
FILED

1. DOCUMENT # M98000001463

Name and Mailing Address

02 NOV -5 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006822 01 FP 0.352 **PRSR T1 0 0615 08057-245999



HARPORT ASSOCIATES, LLC
101 WEST MAIN STREET
MOORESTOWN NJ 08057-2459



2. New Mailing Address

City, State, Zip

Principal Place of Business

101 WEST MAIN STREET
MOORESTOWN NJ 08057

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

12/08/1998

6. FEI Number

52-2127939

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

KOCHENOUR, KENNETH
151 EAST WASHINGTON STREET
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

000008790150

11/04/02--01093--013 **150.00

City

FL

Zip Code

10. 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

[Signature]

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	EVANS, BARBARA	101 WEST MAIN STREET	MOORESTOWN NJ 08057

REINSTATEMENT 2002

12. 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

[Signature]

Date

10-25-02

Daytime Phone #

215-972-2222

Typed or printed name of signing Managing Member/Manager