

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -6 PM 2:21

DOCUMENT # m98000001469

1. Limited Liability Company's Name

LAGF Associates--FL, LLC

2. Principal Office Address

101 West Main Street

Suite, Apt. #, etc.

City & State

Moorestown NJ

Zip

08057

Country

USA

3. Mailing Office Address

101 West Main Street

Suite, Apt. #, etc.

City & State

Moorestown NJ

Zip

08057

Country

USA

4. State/Country of Formation

Delaware, USA

5. Date Organized or Qualified
To Do Business in Florida

12/08/1998

6. FEI Number

522130322

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

Kochenour, Kenneth

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

151 East Washington Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

Kenneth Kochenour
REGISTERED AGENT MUST SIGN

Date 9-19-03

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
MGRM	Harport Associates, LLC	101 West Main Street	Moorestown, NJ 08057
			500024551575 11/10/03--01014--032 **150.00

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

Barbara Evans

Date 9-16-03

Daytime Phone# 215-972-2222

Typed or printed name of signing Managing Member/Manager

Barbara Evans, Member of Harport Associates, LLC, Managing Member

CRZE041 (10/02)