

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

APPROVED
AND
FILED

00 OCT 31 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001162

1. Limited Liability Company's Name

HAR, LLC

2. Principal Office Address

11755 Wilshire Boulevard (same)

Suite, Apt. #, etc.

Suite 900

City & State

Los Angeles, CA

Zip

90025

Country

Los Angeles

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2000

4. State/Country of Formation

California, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

7/27/99

6. FEI Number

95-4683052

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DeCubellis & Meeks, P.A. - Daniel L. DeCubellis

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

837 North Garland Avenue

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

REGISTERED AGENT MUST SIGN

Date 10/30/00

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,	Harvey A. Bookstein	11755 Wilshire Boulevard, #900	Los Angeles, CA 90025

300003446163--9

JB
10-31-00

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

Date

Daytime Phone # 310-478-4148

Typed or printed name of signing Managing Member/Manager Harvey A. Bookstein

CR2E041 (9/00)



ACCOUNT NO. : 072100000032

REFERENCE : 881649 81523A

AUTHORIZATION :

COST LIMIT : \$ 158.75

Patricia Pijet

ORDER DATE : October 31, 2000

ORDER TIME : 2:06 PM

ORDER NO. : 881649-005

CUSTOMER NO: 81523A

CUSTOMER: Daniel L. Decubellis, Esq
Decubellis & Meeks
837 North Garland Avenue

Orlando, FL 32801

DOMESTIC FILINGS

NAME: HAR, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 OCT 31 PM 3:11
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING