PLEASE [redacted] ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 NOV 30 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L00000010920

1. Limited Liability Company's Name

Fort Pierce L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1110 North 29th Street	49 Wall Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, Florida	City & State: Worcester, Massachusetts
Zip: 34947 Country:	Zip: 01604 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/11/2000

6. FEI Number: 043530200 ☐ 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: Keith A. James, Esq.

Street Address (P.O. Box Number is Not Acceptable): 4510 Portofino Way,

Suite, Apt. #, Etc.: #209

City: West Palm Beach State: FL Zip Code: 33409

E-mail Address:

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kcnsp@aol.com
(To be used for future annual report notices)

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: _____ Date: 11/28/11
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
MM	Stephen H. Schneider	49 Wall Street	Worcester, Massachusetts 01604

REINSTATEMENT 07-11 DB

793.75

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Stephen H. Schneider Date: 11/28/11 Daytime Phone: (508) 868-7505

Typed or printed name of signing Managing Member/Manager: Stephen H. Schneider

D. BRUCE
DEC 01 2011
EXAMINER