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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 DEC 28 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000018644
Name and Mailing Address

0015743 01 MB 0.309 **AUTO T8 0 0615 28078-446260
CASTOROIDES RESEARCH, LLC
16740 BIRKDALE COMMONS PKWY., STE. 210
HUNTERSVILLE NC 28078-4462

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 07/22/2002

Principal Place of Business
16740 BIRKDALE COMMONS PKWY., STE. 210
HUNTERSVILLE NC 28078

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent

SHOR, JOEL A CPA
3164 ST. ANNES PLACE
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name Marlin S. Hershey
Street Address (P.O. Box Number is Not Acceptable) 7040 W. Palmetto Park Rd #4
PMB 392
City Boca Raton FL 33433

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 REQUIRED Date 12-20-04
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
MM	Marci Daya	16740 Birkdale Commons Pkwy Suite 210 Huntersville, NC 28078	Huntersville, NC 28078
MM	BRIAN MAHONEY	"	900043673989 12/28/04--01043--002 **205.00
MM	MARLIN HORWHY	"	"
		REINSTATEMENT 03-04	
			CMS

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/Manage SIGNATURE REQUIRED Date 7-20-04 Daytime Phone # 704-895-6027

Typed or printed name of signing Managing Member/Manager Marci Daya