

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2016**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 NOV - 1 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/01/16--01010--015 **238.75

DOCUMENT # L15000108353

1. Limited Liability Company's Name
1116 Castle Pines CT., LLC

2. Principal Office Address - No P.O. Box #
24 Rollins Crossing

Suite, Apt. #, etc

City & State
Pittsford, NY

Zip Country
14534 USA

3. Mailing Office Address
24 Rollins Crossing

Suite, Apt. #, etc

City & State
Pittsford, NY

Zip Country
14534 USA

CR2E041 (1/14)

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida June 24, 2015

6. FEI Number
47-4513049

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
ParaCorp Incorporated

Street Address (P.O. Box Number is Not Acceptable) Suite,
155 Office Plaza Drive

Apt. #, Etc.
1st Floor

City State Zip Code
Tallahassee FL 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Sharon Cooke Sharon Cooke, Asst Secretary

Date 10/24/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	Surinder Devgun	24 Rollins Crossing	Pittsford, NY 14534

11. E-mail Address: TCifuentes@dlfpc.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member Surinder Devgun Date 10/26/2016 Daytime Phone # (585) 469-8659

Typed or printed name of signing authorized representative/member Surinder Devgun

K. ASHTON