PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -3 PM 11:02

DOCUMENT # M01000001687

1. Limited Liability Company's Name
Palm River LLC
C/o Stephen J. Lockwood & Company, LLC

REINSTATEMENT 2000

2. Principal Office Address	3. Mailing Office Address
27 Congress Street	27 Congress Street
Suite Apt. #, etc. #108	Suite Apt. #, etc. #108
City & State: Salem, Massachusetts	City & State: Salem, MASSachusetts
Zip: 01970 Country: USA	Zip: 01970 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 04-3435641 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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

700003459277--7
Date 11/09/00--01034--006
****150.00 ****150.00

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
Mbr	Stephen J. Lockwood	c/o Stephen J. Lockwood & Co 27 Congress St, Suite 108	Salem, MA 01970

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 Stephen J Lockwood Date 10-31-00 Daytime Phone # 978-740-9119

Typed or printed name of signing Managing Member/Manager Stephen J. Lockwood

CR2E041 (8/00)