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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
03 NOV -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000437

Name and Mailing Address

0015282 01 MB 0.309 **AUTO T7 0 0615 06457-334100
DAY LAND HOLDINGS LLC
200 COURT ST., STE. 3
MIDDLETOWN CT 06457-3341

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 02/13/2002

Principal Place of Business
200 COURT ST., STE. 3
MIDDLETOWN CT 06457

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 51-0009810 ☐ Applied For ☐ Not Applicable

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

CR2E084 (7/03)

8. **Name and Address of Current Registered Agent**

LAPP, PETE
129 WISTERIA DR.
LONGWOOD FL 32779

9. **Name and Address of New Registered Agent**

Name: Harry Day
Street Address (P.O. Box Number is Not Acceptable): 129 Wisteria Drive
City: Longwood FL Zip Code: 32779

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 [signature: Harry Day] Date: 10/22/03
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
MGRM	DAYPART LLC	200 COURT ST., STE. 3	MIDDLETOWN CT 06457

900024375739
11/03/03--01033--015 **150.00

REINSTATEMENT 03 dcc

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: By SIGNATURE REQUIRED [signature: Harry Day, Member] Date: 10/22/03 Daytime Phone: (203) 322-0217

Typed or printed name of signing Managing Member/Manager: Harry Day, Member of Managing Member