

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

M06000002583

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000002583

1. Limited Liability Company's Name

Largo Realty, LLC

07

2. Principal Office Address - No P.O. Box #
11311 Concept Blvd.

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33773

Country

USA

3. Mailing Office Address

525 French Road

Suite, Apt. #, etc.

City & State

Utica, NY

Zip

13502

Country

USA

FILED

08 JUN -4 PM 3:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

4. State/Country of Formation
New York

**5. Date Organized or Qualified
To Do Business in Florida** May 09, 2006

6. FEI Number

NONE

Applied For

X

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

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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**

Lamie Buys
REGISTERED AGENT MUST SIGN

JOHN L. JONAS
SPECIAL ASSISTANT SECRETARY

Date 4/4/08

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
MGR	Linvatec Corporation	11311 Concept Blvd.	Largo, FL 33773
			200131092002 06/10/08--01008--021 **377.50

REINSTATEMENT 2007-2008

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**

Daniel S. Jonas

Date 5/22/08 **Daytime Phone #** 315-624-3208

Typed or printed name of signing Managing Member/Manager Daniel S. Jonas, Assistant Secretary