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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M11000004294					
1. Limited Liability Company's Name Neptune-Benson, LLC					
2. Principal Office Address - No P.O. Box # 6 Jefferson Drive			3. Mailing Office Address 6 Jefferson Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Coventry, RI			City & State Coventry, RI		
Zip 02816	Country USA	Zip 02816	Country USA	4. State/Country of Formation Delaware	
				5. Date Organized or Qualified To Do Business in Florida 12/16/2011	
				6. FEI Number 45-2704269	
				Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 (additional fee imposed by Division of State)	
B. 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 605, F.S.					
Signature of Registered Agent <i>Connie Beyer</i>				Date 4/7/2015	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers:					
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
Mgr	Barry Gertz	6 Jefferson Drive		Coventry, RI 02816	
Mgr	Kenneth Rodi	6 Jefferson Drive		Coventry, RI 02816	
REINSTATEMENT 2014-2015					
				APR - 8 2015	
				L. SELLERS	
11. E-mail Address: <i>JPAREKH@NEPTUNEBENSON.COM</i> (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 requirements of section 806.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S.					
Signature of Authorized Representative/Manager <i>Tim Jenkins</i>				Date 4/7/15	
Typed or printed name of signing Authorized Representative/Manager <i>TIM JENKINS, CFO</i>				Daytime Phone # 901-821-2290 EXT 249	

CR2E041 (1/14)

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Division of Corporations

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Florida Department of State
Division of Corporations
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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT
NEPTUNE-BENSON, LLC

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