


L05000026932

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 22 PM 4:55

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05000026932

1. Limited Liability Company's Name

FORD, LLC

2007

400185702224

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Shipman & Goodwin LLP		Shipman & Goodwin LLP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
One Constitution Plaza		One Constitution Plaza	
City & State		City & State	
Hartford, CT		Hartford, CT	
Zip	Country	Zip	Country
06103-1919	USA	06103-1919	USA

4. State/Country of Formation	
Florida/USA	
5. Date Organized or Qualified To Do Business in Florida	
03/17/2005	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
20-4474619	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name	
Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable)	
1201 Hays Street	
Suite, Apt. #, Etc.	
City	State Zip Code
Tallahassee	FL 32301

☐ 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 Carina L. Dunlap **Carina L. Dunlap** Date 9/20/10
Asst. Vice President
 REGISTERED AGENT MUST SIGN

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	James T. Betts	c/o Shipman & Goodwin LLP	Hartford, CT 06103-1919
		One Constitution Plaza	

REINSTATEMENT 2007-2010

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 James T. Betts **James T. Betts** Date 9/20/2010 Daytime Phone # 860-251-5130
 Typed or printed name of signing Managing Member/Manager **James T. Betts, Manager**

CSC.

CORPORATION SERVICE COMPANY

L05 0000 26932

ACCOUNT NO. : I20000000195

REFERENCE : 515103 4312752

AUTHORIZATION :

Spudelman

COST LIMIT : \$ 660.00

ORDER DATE : September 20, 2010

ORDER TIME : 4:44 PM

ORDER NO. : 515103-005

CUSTOMER NO: 4312752

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 22 PM 4:55

DOMESTIC FILINGS

NAME: FORD, LLC

RECEIVED
10 SEP 21 AM 10:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS

BK