

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

12 MAR 28 AM 10:54

W/C 3/28

DOCUMENT # L00000002400

1. Limited Liability Company's Name
TRADITION, LLC

REINSTATEMENT 2001-2002

100005180651--0
-04/01/02--01085--006
****820.00 ****205.00

2. Principal Office Address

35 Broad Street

Suite, Apt. #, etc.

City & State

Charleston, South Carolina

Zip

29401

Country

US

3. Mailing Office Address

35 Broad Street

Suite, Apt. #, etc.

City & State

Charleston, South Carolina

Zip

29401

Country

US

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

03/02/2000

6. FEI Number

☒ 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

Michael J. Grindstaff, Esquire

Street Address (P.O. Box Number is Not Acceptable)

300 South Orange Avenue

Suite, Apt. #, Etc.

Suite 1000

City

Orlando

State

FL

Zip Code

32801

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

Michael J. Grindstaff, Date March 27, 2002

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	Broad Street Partners, LLC	35 Broad Street Charleston, SC	Charleston, SC 29401

REINSTATEMENT 2001-2002

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

Date 3/27/02

Daytime Phone # 407-399-8966

Typed or printed name of signing Managing Member/Manager

Stephen R. Walsh, Manager

CR2E041 (9/01)