

PLEASE READ 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

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DOCUMENT # L-9269

1. Limited Liability Company's Name

The Thank Ya, Mice Partners

2. Principal Office Address

166 Seabreeze Ave

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

Zip

33480

Country

USA

3. Mailing Office Address

27 Deming Drive

Suite, Apt. #, etc.

City & State

Endicott, New York

Zip

13760

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

July 31, 2000

6. FEI Number

16-1591518

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

Lisa Marshall Carney

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

166 Seabreeze Ave.

Suite, Apt. #, Etc.

City

Palm Beach

REINSTATEMENT

State

FL

Zip

33480

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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

Lisa Marshall Carney

REGISTERED AGENT MUST SIGN

Date 11-18-01

10. Names and Street Addresses of Managing Members/Managers

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****150.00 / ****150.00

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	
MGRM (MR)	EDWARD MICHAEL CARNEY	200 E. 71 st St. NY, NY	New York / New York 10021
MGRM (DR)	ALEXANDER SOUTAR CARNEY	201 MOORS MILL ROAD	PENNINGTON, NJ 08534
MGRM (MR)	DOUGLAS M. CARNEY	103 PORTLAND STREET	YARMOUTH, ME 04096
MGRM (MR)	GARY ALLAN CARNEY	2060 BLOSSOM HILL ROAD	EASTON, PA 18040
MGR (MRS)	MOIRA GAE RIDDLEBERGER	27 DEMING DRIVE	ENDICOTT, NY 13760

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

Moira Gae Riddleberger

11/14/01

Daytime Phone # 607.763.3322

Typed or printed name of signing Managing Member/Manager

MOIRA GAE RIDDLEBERGER

CR2E041 (9/01)