

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -9 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # *L01000003084*

1. Limited Liability Company's Name

Good Throws, LLC

200168241932
02/08/10--01062--005 **521.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

3 Donnelly Drive

940 High Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Medfield MA

City & State
Westwood MA

Zip 02052	Country USA
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Zip 02090	Country USA
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4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

2-23-2001

6. FEI Number
593701849

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 Simmonds

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

2872 English Drive

Suite, Apt. #, Etc.

City Deltona

State FL	Zip Code 32738-3415
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☐ 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 Michael D. Simmonds
REGISTERED AGENT MUST SIGN

Date 1/31/10

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
M&RM	Nicholas Conner	3 Donnelly Drive	Medfield, MA 02052
			JB
			REINSTATEMENT 2008-10

11. E-mail Address: NCPINNER@TEAMBUILDERS.COM

(To be used for future annual report notifications)

12. 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 T. J. Cooney Date 1/28/10 Daytime Phone # 508 359-1796

Typed or printed name of signing Managing Member/Manager Nicholas Conner