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CT CORPORATION SYSTEM

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

FSM HOLDINGS CO., LLC

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000003613			
1. Limited Liability Company's Name FSM Holdings Co., LLC			
2a. Principal Office Address 11199 Polo Club Road State, Apt. #, etc.		3. Mailing Office Address 92 Deer Path Lane State, Apt. #, etc.	
City & State Wellington, FL		City & State Weston, MA	
Zip 33414	Country USA	Zip 02493	Country USA
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida 3/8/01	
6. FSA Number		Applied For ☒ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒			
8. Name and Address of Current Registered Agent			
Name Craig T. Galle			
Street Address (P.O. Box Number is Not Acceptable) 11199 Polo Club Road			
State, Apt. #, etc.			
City Wellington		State FL	Zip Code 33414
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 886, F.S. Signature of Registered Agent <u>Craig T. Galle</u> Date <u>5/5/05</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Alfred J. McNamara	92 Deer Path Lane	Weston, MA 02493
MGR	Shella M. McNamara	92 Deer Path Lane	Weston, MA 02493
11. I certify that I am managing this corporation or the member or trustee empowered to execute this application as provided for in Chapter 886, F.S. I further certify that when filing this reinstatement application the annual fee (including but not limited to, the limited liability company name) satisfies the requirements of Section 886.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager <u>Shella M. McNamara</u>		Date <u>5-5-05</u>	Signature Printed <u>201-893-3025</u>
Typed or printed name of Managing Member/Manager <u>Shella M. McNamara</u>			

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