

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF STATUS
FOR LIMITED LIABILITY COMPANY
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

AND
FILED

02 NOV 13 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000006802

Name and Mailing Address

0008040 01 FP 0.352 **PRSR T5 0 0615 53233-212300



RAIR TECHNOLOGIES, LLC

500 N. 19TH ST.

MILWAUKEE WI 53233-2123

REINSTATEMENT

2002



2. New Mailing Address

4800 N. Federal Hwy. #205-B

City, State, Zip
Boca Raton, Florida 33431

Principal Place of Business

500 N. 19TH ST.
MILWAUKEE WI 53233

3. New Principal Place of Business Address

4800 N. Federal Hwy #205-B

City, State, Zip
Boca Raton, FL 33431

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/01/2001

6. FEI Number

36-4457290

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 *Connie Bryan*

REGISTERED AGENT MUST SIGN

Date 11-13-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Goldberg, Henry M.	2353 S. Ocean Blvd.	Highland Beach, FL 33437

800008823758
11/14/02--01003--020 **155.00

JB

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

Henry M. Goldberg
Henry M. Goldberg

Date 11-12-2002 Daytime Phone # 561-226-2400

Typed or printed name of signing Managing Member/Manager