PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2023 JAN -3 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FL

800399844788

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000009672

1. Limited Liability Company's Name
Northbridge Management LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
19 Long Hill Rd.	
Suite, Apt. #, etc	Suite, Apt #, etc
City & State	City & State
New Vernon, NJ	
Zip / Country	Zip / Country
07976 / USA	

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 06/18/2001

6. FEI Number
65-1113508
☐ 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
Robert P. Elefante

Street Address (P.O. Box Number is Not Acceptable) Suite,
3340 Bridgegate Dr.

Apt #, Etc

City / State / Zip Code
Jupiter, FL / FL / 33477

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 12/22/22

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Robert P. Elefante	19 Long Hill Rd.	New Vernon, NJ 07976

REINSTATEMENT
2021-2023
01/04/2023

11. E-mail Address _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 12/22/2022 Daytime Phone # _____

Typed or printed name of signing authorized representative/member Robert P. Elefante

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 01/03/2023

Acc#I20160000072

Name:	Northbridge Management LLC
Document #:	
Order #:	14697149

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑ Certified: ☐ Plain: ☑ COGS: ☐

Email Address for Annual Report Notification

Availability _____

Document ___

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: $??.??

RECEIVED
2023 JAN -3 AM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you!