

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 MAY 12 A 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800054668698
05/17/05--01033--002 **300.00

DOCUMENT # L01000010979

1. Limited Liability Company's Name

BURKHARDT FAMILY INVESTMENTS, L.L.C.

2. Principal Office Address

701 US Highway 1,

Suite, Apt. #, etc.

Suite 402

City & State

North Palm Beach, FL

Zip 33408

Country USA

3. Mailing Office Address

701 US Highway 1

Suite, Apt. #, etc.

Suite 402

City & State

North Palm Beach, FL

Zip 33408

Country USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

07/06/2001

6. FEI Number

65-6345658

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

Jody H. Oliver, Esquire, c/o Gary, Dytrych & Ryan, P.A.

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

701 U.S. Highway One

Suite, Apt. #, Etc.

Suite 402

City

North Palm Beach

State
FL

Zip Code
33408

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

REGISTERED AGENT MUST SIGN

Date

5/3/05

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
Mgr.	Robert K. Burkhardt	18 Field Road	Sudbury, MA 01776-1120
Mgr.	Ruth Burkhardt	1631 E. Classical Blvd.	Delray Beach, FL 33445

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

Robert K. Burkhardt

Date

3/31/05

Daytime Phone #

561 844 3700

Typed or printed name of signing Managing Member/Manager Robert K. Burkhardt

CR2E041 (10/02)

Law Offices
Gary, Dytrych & Ryan

PROFESSIONAL ASSOCIATION

JOHN W. GARY, III
JAMES H. RYAN
DONALD R. BICKNELL, JR.
LAWRENCE W. SMITH
ALYS NAGLER DANIELS
PETER M. ARMOLD
JODY H. OLIVER
GREGORY C. PICKEN

RICHARD G. DYTRYCH
1925 - 1996

701 U.S. HIGHWAY ONE, SUITE 402
NORTH PALM BEACH, FLORIDA 33408
TELEPHONE (561)-844-3700
FAX (561)-844-2388

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May 2, 2005

Ms. Diane Cushing
Document Specialist
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Burkhardt Family Investments, L.L.C.
Ref. Number: L01000010979

Dear Ms. Cushing:

Enclosed please find the Burkhardt Family Investments, L.L.C. Reinstatement form which I have signed as Registered Agent, pursuant to your instructions. Our check in the amount of \$300.00 is also enclosed to cover the cost of reinstatement.

Very truly yours,

GARY, DYTRYCH & RYAN, P.A.

Jody H. Oliver

JHO/dhl

Encl.

cc: Robert K. Burkhardt