PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
10 APR 29 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800178904298
04/29/10--01011--015 **416.25

DOCUMENT # L10000010979

1. Limited Liability Company's Name: BURKHARDT FAMILY INVESTMENTS, LLC

CR2E041 (1/09)

2. Principal Office Address - No P.O. Box #
800 VILLAGE SQUARE CRX.
Suite, Apt. # etc. #340
City & State: PALM BEACH GARDENS, FL
Zip: 33410 Country: USA

3. Mailing Office Address
SAME AS PRINCIPAL OFFICE
Suite, Apt. # etc.
City & State
Zip Country

4. State Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: JULY 6, 2001

6. FEI Number: 656345658 Applied For / Not Applicable

7. CERTIFICATE OF STATUS REQ ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: JODY H. OLIVER, ESQUIRE
Street Address (P.O. Box Numbers Not Acceptable): 800 VILLAGE SQUARE CRX.
Suite, Apt. # Etc.: #340
City: PALM BEACH GARDENS, FL
State: FL Zip Code: 33410

☒ 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.

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

Signature of Registered Agent: Jody H Oliver Date: 4/26/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Types	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City, State, Zip
MGR MEM	ROBERT BURKHARDT	18 FIELD ROAD	SUDBURY, MA 01776-1120
MGR MEM	RUTH BURKHARDT	1631 E CLASSICAL BLVD	DELRAY BEACH FLA 33445

REINSTATEMENT
2008 – 10

S. HAWKES
MAY 04 2010
EXAMINER

11. E-mail Address: jooliver8@aol.com
To be used for future annual report notices

12. I certify that I am managing member/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 requirements of section 605.0401, 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: /s/ Robert Burkhardt Date: 4/23/2010 Daytime Phone #: 5616562005

Typed or printed name of signing Managing Member/Manager: ROBERT BURKHARDT