

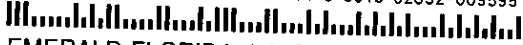
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPOINTMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000011336

Name and Mailing Address

0006721 01 FP 0.352 **PRSRT T1 0 0615 02632-009595



EMERALD FLORIDA, L.L.C.

PO BOX 95

CENTERVILLE MA 02632-0095

FILED

02 NOV -1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

3 BAYBERRY SQUARE, 1645 FALMOUTH ROAD
CENTERVILLE MA 02632

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/10/2001

6. FEI Number

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

COSTELLO, JAMES M
2248 FIRST STREET
FORT MYERS FL 33901

9. Name and Address of New Registered Agent

Name

JAMES M. COSTELLO

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

2069 FIRST STREET, SUITE 301

City

FORT MYERS

FL

Zip Code
33901

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

REGISTERED AGENT MUST SIGN

Date 10/31/02

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
MGR	DACEY, BRIAN T	62 FERNBROOK LANE	CENTERVILLE MA 02632

3000008759809
11/01/02--01072--003 **150.00

3000008759809
11/01/02--01072--003 **155.00

REINSTATEMENT

Dec 2002

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

Date 10-28-02

Daytime Phone # 508-771-1040

Typed or printed name of signing Managing Member/Manager

Brian T Dacey