L01000018250

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 SEP -5 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000018250

1. Limited Liability Company's Name
Cape Cod Holdings, LLC

02

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
3460 Ambassador Road	92 Deer Path Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Weston, MA
Zip: 33414 Country: USA	Zip: 02493 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/23/01

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

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: Connie Bay Date: 09/01/06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Alfred J. McNamara	92 Deer Path Lane	Weston, MA 02493
Manager	Sheila M. McNamara	92 Deer Path Lane	Weston, MA 02493

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REINSTATEMENT 2002-2006

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 608.508, 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: Sheila M. McNamara Date: 08/31/06 Daytime Phone #: 781/893-3835

Typed or printed name of signing Managing Member/Manager: Sheila M. McNamara