## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L02000004019  1. Entity Name CISTANT, LLC						DIVISIO 05 SEC	RETARY OF COSPO	STATE RATIONS		
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Principal Place of Business Mailing Address										
12 ELMWOOD RD. Menands, ny 12204			12 ELMWOOD RD.							
MENANUS, N		MENANDS, NY 12204								
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1				
Suite, Apr. #, etc.			Suite, Apt. #, etc.			09082005	REIN-LLC	CR2E101 (6/04)		
City & State			City & State		4. FEI Numb		Ar	plied For		
				75-299	8261	<del></del>	t Applicable			
Zip	Zip Country		Zip Country		try	Certificate of Status Desired     \$5.00 Additional     Fee Required				
6. Name and Address of Current F			legistered Agent		7. Name and Address of New Registered Agent					
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		Name			<u> </u>		
		RVICE COMPANY	Street Addre		Street Address	P O. Box Numb	er is Not Acceptable	e)		
1201 HAYS		32301-2525	Street Addres		0.0007.000					
	,									
					City			FL Zip Cod	в	
The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.						red agent, or bo	oth, in the State of Flo		and accept	
0.0										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis					ed Agent signature requ	red when reinstating	)	DATE		
FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not seem to be seen to be								re check payable to a Department of State		
Aiter valla	, .,	, ree will be \$ 100.00	liability company did	not rec	zeive üle piloi ili	ouce.	1 10110	a Department of Stat	•	
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9.	[v	MANAGING MEMBE	RS/MANAGERS	10.	·	ouce.	ADDITIONS	/CHANGES		
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