L02000004704

FILED
06 DEC 19 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000004704

1. Limited Liability Company's Name
Unit 1109, L.C.

03

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
420 Lakeside Avenue	420 Lakeside Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marlborough, MA	City & State: Marlborough, MA
Zip: 01752 Country: USA	Zip: 01752 Country: USA

4. State/Country of Formation: Miami, Florida

5. Date Organized or Qualified To Do Business in Florida: Feb. 27, 2002

6. FEI Number: 04-6805300 ☐ 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: Robert W. Stewart, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1395 Brickell Avenue

Suite, Apt. #, Etc.: Suite #650

City: Miami State: FL Zip Code: 33131

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: R W Stewart, President Date: 10/23/06
REGISTERED AGENT MUST SIGN

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
MGRM	H. JOACHIM VON DER GOLTZ CHILDREN'S TRUST	420 Lakeside Avenue	Marlborough, MA 01752

REINSTATEMENT 2003-2006

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 608.406, 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: R J Gaffey Date: 12/14/06 Daytime Phone #: 508-485-6001

Typed or printed name of signing Managing Member/Manager: Richard J. Gaffey, Trustee

CORPORATION SERVICE COMPANY

L02000004704

ACCOUNT NO. : 072100000032

REFERENCE : 673406 4336650

AUTHORIZATION :

COST LIMIT : $ 305.00

ORDER DATE : December 18, 2006

ORDER TIME : 4:39 PM

ORDER NO. : 673406-005

CUSTOMER NO: 4336650

REINSTATEMENT

NAME: UNIT 1109, L.C.

RECEIVED
06 DEC 19 AM 8:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____