

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:27

1. DOCUMENT # L02000010852

Name and Mailing Address

0015303 01 MB 0.309 **AUTO T7 0 0615 06881-044848



HEMISPHERES FLORIDA I, LLC
P.O. BOX 448
WESTPORT CT 06881-0448



2. New Mailing Address

City, State, Zip

Principal Place of Business

12 RIDGE DRIVE
WESTPORT CT 06880

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

04/23/2002

6. FEI Number

No Employees

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

ROSENFELD, MITCHELL J
C/O MILKOWITZ & LYONS
29605 US HIGHWAY 19 N, SUITE 110
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/05/03

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

Managing
Member Mitchell J. Rosenfeld

12 Ridge Drive
Westport, Ct. 06880

Westport CT
06880

700024567817
11/10/03--01083--001 **150.00

REINSTATEMENT

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/05/03

Daytime Phone # 203 226-1736

Typed or printed name of signing Managing Member/Manager