

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000025424

FILED

04 JUL 21 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000025424

1. Limited Liability Company's Name

DARBY AUTOMATION, LLC

03

BK

BK

2. Principal Office Address

97 Pin Oak Way

Suite, Apt. #, etc.

3. Mailing Office Address

Box 739

Suite, Apt. #, etc.

City & State

Falmouth, MA

City & State

Siasconset, MA

Zip

02540

Country

USA

Zip

02564

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9-26-03

6. FEI Number

470889798

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Deborah D. Skipper

**Deborah D. Skipper
Asst. V. Pres.**

Date **July 21, 2004**

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	Charles Darby	97 Pin Oak Way	Falmouth, MA 02540
MGRM	Kevin Darby	97 Pin Oak Way	Falmouth, MMA 02540
			600039388796
REINSTATEMENT 2003-2004			

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

Charles Darby

Date

July 9, 2004

Daytime Phone#

508-257-9226

Typed or printed name of signing Managing Member/Manager

Charles Darby

CR2E041 (10/02)



CORPORATION SERVICE COMPANY

L02000025424

ACCOUNT NO. : 072100000032

REFERENCE : 795182 4328337

AUTHORIZATION : *Patricia Piggett*

COST LIMIT : \$ 205.00

ORDER DATE : July 8, 2004

ORDER TIME : 11:52 AM

ORDER NO. : 795182-005

CUSTOMER NO: 4328337

CUSTOMER: Mr. Frank J. Rauktis
Cohen & Grigsby
15th Floor
11 Stanwix Street
Pittsburgh, PA 15222

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DARBY AUTOMATION, LLC

RECEIVED
04 JUL 21 PM 12:42
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

CONTACT PERSON: Susie Knight EX 2956

EXAMINER'S INITIALS _____