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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

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000029032

Name and Mailing Address

0015483 01 MB 0.309 **AUTO T7 0 0615 13202-122621



BROOKLINE CENTRAL FLORIDA COMPANY, LLC
221 WALTON ST., STE. 100
SYRACUSE NY 13202-1226



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/31/2002	
Principal Place of Business 221 WALTON ST., STE. 100 SYRACUSE NY 13202	3. New Principal Place of Business Address	6. FEI Number 81-0578472	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 <i>Patrick M. Kilmartin</i>		Date 10/27/03	
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
Manager	Patrick M. Kilmartin	221 Walton St, Suite 100, Syracuse, NY 13202	Syracuse, NY 13202
<div style="display: flex; justify-content: space-between;"> <div> <p>REINSTATEMENT</p> <p>03</p> <p>Dec</p> </div> <div> <p>900024379209</p> <p>11/03/08 01058 011 **150.00</p> </div> </div>			

CR2E034 (7/03)

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

Patrick M. Kilmartin

Date 10/21/03

Daytime Phone # 315-476-2935

Typed or printed name of signing Managing Member/Manager

Patrick M. Kilmartin