## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



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

1. DOCUMENT #

Name and Mailing Address

L02000032718

FILED

03 NOV -3 AN 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0015487 01 MB 0,309 \*\*AUTO T7 0 0615 13202-122621 ladladladdlaaddaddabbilaaddadd BROOKLINE CENTRAL FLORIDA INVESTMENT COMPANY, LLC 221 WALTON STREET, STE. 100 SYRACUSE NY 13202-1226



2. New Mailing Address					4. State/Country of Formation			
City, State, Zip					5. Date Organized of Quantied To Do Business in Florida 12/06/2002			
Principal Place of Business 221 WALTON STREET, STE. 100 SYRACUSE NY 13202		3. New Principal Place of Business Address			6. FEI Number 27-0038/43		Applied For Not Applicat	
		City, State, Zip			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
	8. Name and Address of Current F	ent	9. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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								
11. Names and Street Addresses of Each Managing Member/Manager								
Title(s)				t Address of Each ng Member/Manager  City / State / Zip			1	
Manager	Patrick M. Kilmart	In	221 Walto	n St. A Su,	ite 100	Syracuse, N	Y 13202_	
					<del>- 11/03/</del> 03/03/03/03/03/03/03/03/03/03/03/03/03/0	0 <del>0243792</del>  301058012	<del>1 8</del> **150.00	
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filing th all fees as if m Signature of Managing N	y that I am managing member/manager or nis reinstatement application the reason for so owed by the limited liability company have lade under oath.  Member/Manage  Inted name of signing Managing Member/I	dissolution has l been paid. The	been eliminated, the I	imited liability com on this application Date 10	pany name satisfi n is true and accur	es the requirements of section	n 608.406, F.Ś., and tha ave the same legal effe	at    ect