Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
HURLBUT BOCA RATON PROPERTIES, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT -13

CR2E041 (1/11)

DOCUMENT # L03000056625

1. Limited Liability Company's Name
Hurlbut Boca Raton Properties, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
740 East Avenue	740 East Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rochester, NY 14607-2107	City & State: Rochester, NY 14607-2107
Zip: 14607-2107 Country: US	Zip: 14607-2107 Country: US

4. State/Country of Formation: Florida/US

5. Date Organized or Qualified To Do Business in Florida: 12/30/2003

6. FEI Number: 20-0539949 ☐ 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: c/o Brian V. McAvoy,Esq., Harter Secrest & Emery LLP
Street Address (P.O. Box Number is Not Acceptable): 5811 Pelican Bay Boulevard
Suite, Apt. #, Etc.: Suite 600
City: Naples State: FL Zip Code: 34108-2711

E-mail Address: bmcavoy@hselaw.com
(To be used for future annual report notices)

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 _____ Date 12/12/13
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
MGR	Robert W. Hurlbut	740 East Avenue	Rochester, NY 14607-2107
MGR	Christine A. Hurlbut	740 East Avenue	Rochester, NY 14607-2107

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 608.508, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 12/13/13 Daytime Phone (585) 244-0410

Typed or printed name of signing Managing Member/Manager: Robert W. Hurlbut, Manager

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